DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificant on Fedinal virtim 24 hours after death. Page 4 may be etoined by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy and a completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Properties though be filled within 22 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal
IMPORTANT: If them 21 is marked or them 1,8 shows ony injury, an other traumotic event, the medical evant her or obtile 9 of or or

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

56250 JUN 11

23a. BURIAL, CREMATION, REMOVAL

3 SEX

					STATI	E OF MARYLAND				
1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	IENB /	17	J 8	
	CEASED NAME	FIRST		MIDDLE	1	AST		ONTH DAY	YEAR	2b HOUR
TITPE	OR PRINT)	Doco	thy	Fourby		Hllen	June	8	1987	4:05AM
3 SEX	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	FEMALE		WHITE		04	25 1929	58	YRS	VAIS	HOURS MIN.
	RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY O	F DEATH	
	NY		USA		WIDOWE		FREDERIC	K		MD.
10 CI	TY OR TOWN OF DEA	TH /		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND OF	BUSINESSOR
	FREDERICK	1		ICK MEMOR		HOSPITAL	HOUSEWIF			
	AL RESIDENCE (IF NURS	131 COU	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE		
	MD	FRED	ERICK	FREDERIC	CK	YES NOXX	5543 Etzle		21701	
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	CHARLES		D.	FOURBY	= 111	LEONA			HAYD	DEN
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRES	<sup>S</sup> Frede	rick,	MD
	NO	N/A		133-24-3	3616	William P.	Allen 5543_	Etzler		MATE INTERVAL NSET AND DEATH
MEDICAL CERTIFICATION	19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIX 21d INJURY OCCURE WHILE NOT WAT WORK  22a. I certify that (I) sow the deceose obave, (I) (II) (22b. SIGNATURE)  22d. PHYSICIAN'S NA	which mediate g the last.  WIFICAN VIFICAN VIF	D BY: TE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE [AT HOME STI	R AS A CONSEQUE  R AS A CONSEQUE  DITION FOR WHICH:  FINJURY M. MONTH DA M.  OF INJURY eet. FACTORY, OFFICE,	NCE OF  NCE OF  DEATH BUT  OPERATIO  AY YEAR  19  ARM ETC)	NOT RELATED TO THE TERM WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  19  and that in (my) (and opinion DEGREE ATTENDING PHYSICIAN  273. ADDRESS	200 AUTOPSY?  YES NOW  CITY OR TOWN	20b. IF YES, VIN CERTIFYIN YES IN ITEM 18 PART	VERE FINDING OCAUSES COUNTY  COUNTY  1 of from the county  22c DATE S	GS USED OF DEATH? NO STATE hot (I) (State ouses stated
73n B	JAMBS				IAME OF C	FRED BLICK	234 LOCATION	1307		

6/9/87 CREMATION RESTHAVEN MEM. GARDENS G. DOUGLAS STAUFFER 1621 Opossumcown Pike, Frederick, MD 21701

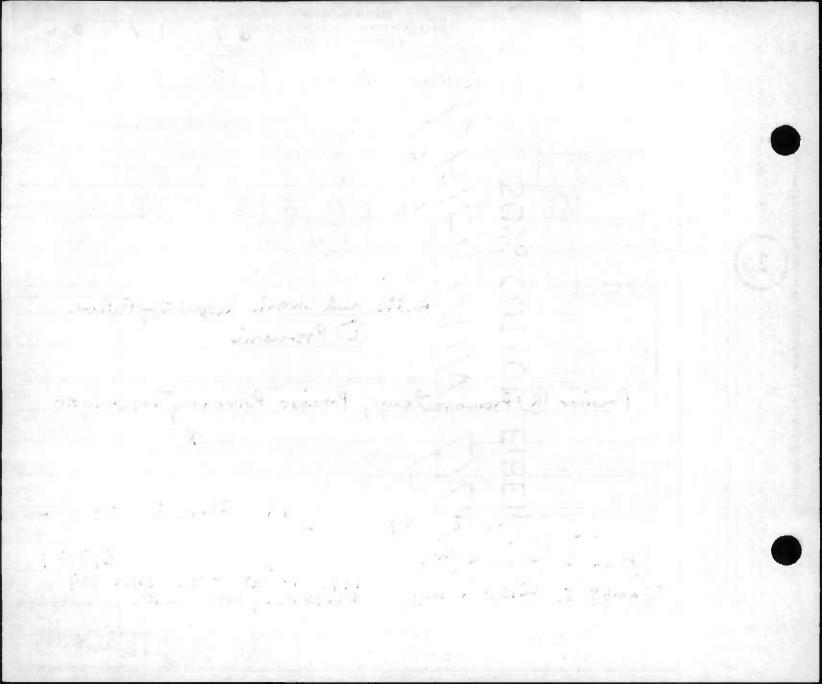
236 DATE

23c. NAME OF CEMETERY OF CREMATORY

FREDERICK 257 REGISTRATE SIGNA FREDERICK 250 DATE REC'D\_BY REGISTRAR 198

COUNTY

STATE



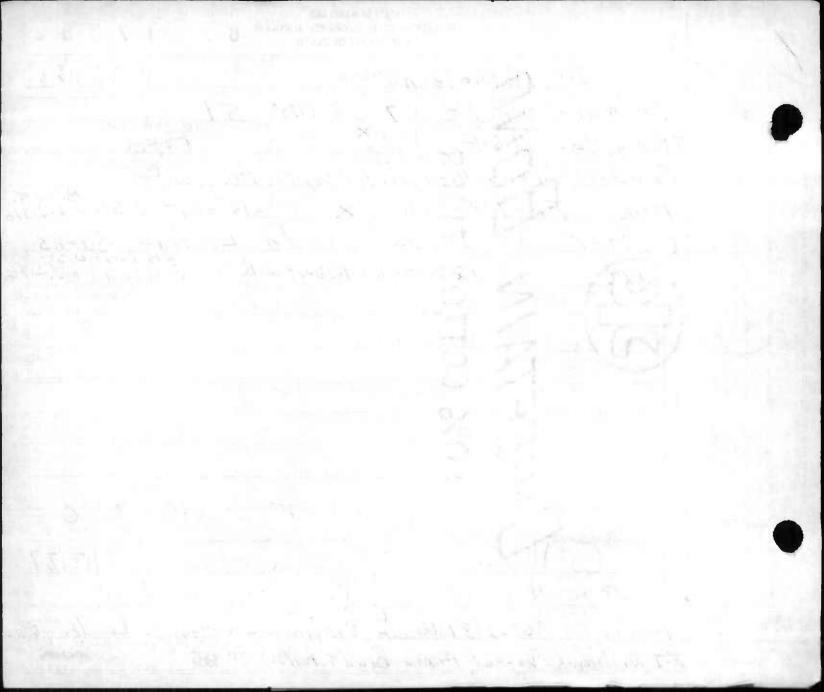
STATE	AF	MI A	DVI	AMD
SIAIL	UL	JTL A	REL	AUD

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DEC N	10				

57778 1111 22	9.7	FOR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8 7	17	-3	8 2
6 -		STATE REGISTRAR	and reference			ICATE OF DEATH	REG. N			*
3		CEASED NAME FIRS		MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
ge 3			era Ca	ssidy	ASH		June 12			10:00 M
may r. po	3. SE)		4. RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BE	MONTH	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
ge 4		Female	White		Aug	. 12, 1906	80	YRS.		
S Podi		RTHPLACE (STATE OR FOREIG	N 7b. CITIZEN OF	WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY			
de ort		nnsylvania	U.S		WIDOWE	DIVORCED	Freder	ick Cour	-	MD.
by the fu		Frederick	Merid Merid	ian Nursi	ng Ho	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Director	OF WORKING LIFE)	NDUSTRY	Politica:
core be executed within 24 hours can be executed within 24 hours can completely filted in by the standard 2 should be filtered.  If the medical examiner most center the medical examiner most center to the medical examiner	13a. S		OME OR OTHER INSTITUTION COUNTY Cederick	13c. CITY OR TOW Frederi	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 750 Carro	ZIP CODE	way 2	1701
letely d 2 sh	14. FA	THER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN N	AME MIDDLE		LAST	
completed with		George		Cassidy		Anna			astru	
n ond co			S. ARMED FORCES? YES, GIVE WAR OR DATES) None	577-26-2		315 Grove	George 1.8 Blvd., Frede	Ash rick, M		
the the		18 CAUSE OF DEATH (En	iter only one couse pe	er line for (o), (b), on	d (c).)	HE CONTRACTOR			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
off of the state o		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (o)	150000	56.	Cupacea	0.63			
NG PHSICIAN: The low requires that the death certific of the that set fitting by so, the twent strained permit from being on the natural transit permit. Then being remained to the ord Member 18 shows on a holder, or other traumatic even orked on the 18 shows on a holder.	NOI	Conditions, if ony, whi gove rise to immedio couse (o), stating t underlying couse lo PART 2. OTHER SIGNIFIC	ble he DUE TO, C	OR AS A CONSEQU	ENCE OF	- Bone			N PART IIO	7-5
he low on.	FICAT	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES	
CLAN: The identition of the control	AL CERT	21g. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART T	OR PART 2}	
DING PHIS or ottending After th e as the th olth and Mi	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY OFFICE, S	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
t OR ATTEN the hospitol I DIRECTOR: toched for us toched for us to Bept. of He		220.1 certify that (1) (this sow the deceased all above, (1) (we) (did) (6) 22b. SIGNATURE	id not) view the bod	9 199	57	19 19 19 19 19 19 19 19 19 19 19 19 19 1	n deoth occurred on the co			
HOSPITAL ined by the FUNERAL uld be deta the Store	1	22d. PHYSICIAN'S NAME		/		22e ADDRESS	DIRECTOR LITTING		1	7
TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT			Gregory Ra				enth St., F	red <b>eri</b> ck	, Md.	21701
BP		BURIAL, CREMATION, REMOSPECIFY) Burial	June :	15,1987	Fort I	emetery or crematory incoln Cemet	ery Brentwo	od, Pri	ice Ge	o., sind.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 Ft	Of East Chur	ith, Keene ch St., Fr	ey & Basferederick,	Md. 2	neral Hores D. 21701 JU	N 1 8 1987	25) REGISTRAR	SSIGNAT	URE

-- TOO 1 . LIFE 1 . 1007and the state of t Indicated a final and the second of the second and the second of the sec 527-7 -7047 315 Stake Site., Technic, Pr. 21701 5 To section His. H desices To. 21701 FIRST CARREST A SEE selet year 15, but to another conduct plants and the select plants. The same of the second series and of the same of the Total care colonies No. : Prosecution, ed. 14761

		500		E OF MARYLAND		
0.8-4 JUN	1-	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	17383
eath eath		CEASED NAME FIRST OR PRINT)	Kathaleen Bi	+KER_	20. DATE OF DEATH MONT	18 87 11 SAM
ge 4 may be setor. page 3 is after death	3. SE	Felmale	4. RACE S. DATE C	28 1935	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
Peroth. For		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	NEVER MARRIED DIO	9. BALTIMORE CITY OR CO	
offer de withing of withing de wi	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY AND THE PROPERTY OF TH		120. USUAL OCCUPATION  ETYPE PERWORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
24 hours		AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUL		13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP	EDE St. Brunt.
ampletely from and 2 sho	14. F.A	THER'S NAME FIRST	MIDDLEM: LAST	15. MOTHER'S MAIDEN NAM		ne Rinns
Pages La		VAS DECEASED EVER IN U.S. AR. (ES, NO ODUNIMOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. E WAR OR DATES) 318-30-944	17 INFORMANT O-Robert W	J. Batter R	15 East 0, St.
ysician apers. I mod.		PART I. DEATH WAS CAUSE	ly ane couse per line for (o), (b), and (c)		CCI DENT	APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
P S S S S S S S S S S S S S S S S S S S	1	IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	13cd of the	COTOCIO	2
by the same asserting asserting the same asserting asser	À	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	SION		
equires the signed Then plect to burial injury, ar	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART 110
n. nos beer permit. ne prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	n was performed		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
physicia physicia physicia physicia pol-transit tral Hygie pm 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
DING PHYSIS or attending After this ce is as the buri- alth and Mer marked ar Ite	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDING pital or a TOR: Afti far use as af Health			rol) ottended the pecased fram	nd that is (my) (our) apinian d	, to	nd haur and from the causes stated
the has tached tached bept.		22b. SIGNATURE	t) view the body offer death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED
retained by 1/ retained by 1/ TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME ITYPE O	A GMER	220 ADDRESS RUWSU	/14 .	21716
of of start	23a 8	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION	/ COUNTY / STATE
BP	24 5	Suria INERAL DIRECTOR	16/22/87 Union	Virginia 1250 DATE	Lovettsui	LOUGON, Va
DHMH - 16 60M 7/84 (VRA 15, 4)	7	T. Williams	Funeral Home E	Brunk. Medsl	JN 26 1987	COSTRAR S SIGNATURE



4.5 mm	1-	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 /	17	3	8 4
0 400	1. DE	CEASED NAME FIRST		MIDDLE	LAST			MONTH DAY	YEAR	2b. HOUR
1	TAME	Nanc	n/ 1.	ee '	Res-	+	5/3//87			100
8	1. SE)		RACE		5. DATE OF	BIRTH	AGE (IN YEARS LAST BIRT	HDAY) IF:	UNDER I YEAR	6 9 ! / C
10	121	MAT E		-	MONTH	DAY YEAR		MON	VIMS DAYS	HOURS MI
N-1		EMALE RTHPLACE (STATE OR FOREIGN	WHITE Th CITIZEN OF	WHAT COUNTRY?	8.	17, 1941	45 9 BALTIMORE CITY OF	YRS.	FDEATH	
-56	(	ARYLAND	U.S.A		MARRIED WIDOWED	NEVER MARRIED DIVORCED	FREDERICK			
1.4		TY OR TOWN OF DEATH		HOSPITAL, NURSING CHEACILITY, GIVE STREET A		OTHER INSTITUTION OSPITAL	120 USUAL OCCUPATION OF SEAMSTRE	WORKING LIFE)	126. KIND O INDUSTRY FACT	BUSINESS
1	13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY FRE		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN THURMONT	N 113	3d. INSIDE CITY LIMITS? YES [X] NO [	13e STREET ADDRESS /		1788	
E	Account to the last of the las	THER'S NAME	DERTOR	THORIONI		MOTHER'S MAIDEN NA		ND./2	1700	
1/1/1	)	The region of the last of the	MIDDLE	CT A D A LICI	,	FIRST DI TO A D DO	MIDDLE		D TZ A T	
143	14 n V	VAS DECEASED EVER IN U.S. AR	D.	CLABAUGH		ELIZABET		20	BYAF	(D
19		(IF YES, GIV	ONE	220-40-0		TERRY R. BEST		SS MOSER NT, MD		88
E + F		II. CAUSE OF DEATH (Enter or	ly one couse pe	r line for (o), (b), one	d (c).)				BETWEEN	MATE INTERVAL
00 m		PART I. DEATH WAS CAUSE	D BY:	E16-7	2514	e 210+0	1000	119	7/11	
2011		MMEDIA								
000		Canditions, if any, which	(6)	R AS A CONSEQUE	NCE OF	1000	4,69			
E E E		gove rise to immediate cause (a), stating the	)						66	
at of the		underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	mrko	56 03 503	65	75	ces -1
6 6		PART 2 OTHER SIGNIFICANT (	CONDITIONS C						INI DADT 110	
To b	Z	TART E OTTER OTOTAL CART	201101110110	0.47810071140700	ZEART BOTTER	OT KEERIED TO THE TERM	III AL DISLASE ON CONT	JINON GIVEN	IN CARL III	
19 1	ICATION	90 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION '	WAS PERFORMED	20a AUTOPSY?	TON IF YES W	VERE FINDIN	CSTISED
0.0	1.00							IN CERTIFYIN	NG CAUSES	OF DEATH?
Shows a	ERTER	accident was integriting.	7 01 7145	DE INTUIDY	1.	2). HOW KINDY OCCUPS	YES NO	IN CERTIFYIN	NG CAUSES	
18 shows o	L CERTIFI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
hem 18 shows o	2.75	OR CONTRIBUTING CAUSE OF DEA	HOUR A	.M. MONTH DA	Y YEAR		YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
is the buriof framit permit on a Manifel Hyggianit pricked on item 18 shows o	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DE	HOUR A P 21e PLACE	M. MONTH DA	Y YEAR	216. HOW INJURY OCCURR 211. LOCATION STREET	YES NO	IN CERTIFYIN YES [	NG CAUSES	OF DEATH?
se or the buriof framit perm early, and Mental Hygalene p marked or item 18 shows o	2.75	OR CONTRIBUTING CAUSE OF DEA	HOUR A P 21e PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA	AY YEAR 19 ARM ETC }	RII. LOCATION	YES NO	IN CERTIFYIN YES [	OC CAUSES	OF DEATH? NO []
or use as the buriof trains it perm if Health, and Mental Hygiene p 21 is marked on stem 18 shows o	2.75	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  LE NOT WHILE AT WORK  22a.1 certify that (1) (this haspi	P P 21e PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA	Y YEAR 19 ARM ETC }	RII. LOCATION STREET	YES NO NOUNDER NATURE OF INJUR	IN CERTIFYIN YES [ Y IN ITEM 18 PART	OG CAUSES  1 OR PART 2)  COUNTY	STATE
en 21 s marked or hem 18 stows o	2.75	OR CONTRIBUTING CAUSE OF DEA	P P 21e PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA	AY YEAR 19 ARM ETC }	RII. LOCATION STREET  A 4 , 19 5 ( thot (m) (our) opinian of	YES NO NOUNDER NATURE OF INJUR	IN CERTIFYIN YES [ Y IN ITEM 18 PART	COUNTY	STATE
r Dept. of Health and Mental Hygiene p If hem 21 is marked or hem 18 shows o	2.75	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED  LE NOT WHILE NOT WHILE 22e. 1 certify Ato (1) (this hasping the deceased alive on above, (1) (we) (did) (did not above (1) (did not abo	HOUR A P 21e PLACE (AT HOME ST  tal) attended the stall view the bady	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA the deceased from a deceased from	AY YEAR 19 ARM ETC }	RII. LOCATION SIREET  thot (mm (our) opinion of	YES NO NOTION OF INJURE OF	IN CERTIFYIN YES [ Y IN ITEM 18 PART  WN  19,	OG CAUSES  1 OR PART 2)  COUNTY	STATI
State Deat of Health and Mental Hygiene p LNT, If hem 21 is marked or hem 18 shows o	2.75	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  THE NOTIFY MEDICAL EXAMINES AT WORK  220.1 certify that (1) (this hasping the deceased alive on above, (1) (we) (did not above).	HOUR A P 21e PLACE (AT HOME ST  atial) attended the state of the state	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA	19 2 ARM. ETC }  2 ARM. ETC }	Thorum (our) opinion of Physician	YES NO NOUNDER NATURE OF INJUR	IN CERTIFYIN YES [ Y IN ITEM 18 PART  WN  19,	COUNTY	STATE
uses account to the second Amenda Vigilian per the Store Destrict of Health and Amenda Vigilian per ORTANI, If hem 21 is marked or hem 18 shows on the second Amenda Vigilian per 18 shows on the sec	2.75	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED  LE NOT WHILE NOT WHILE 22e. 1 certify Ato (1) (this hasping the deceased alive on above, (1) (we) (did) (did not above (1) (did not abo	P PLACE (AT HOME ST	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA  The deceased from the deceased fr	19 2 ARM. ETC }  2 ARM. ETC }	RII. LOCATION SIREET  thot (mm (our) opinion of	YES NO NOTIFIED RENTER NATURE OF INJUR  CITY OR TOWN  ACCOUNTS  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFYIN YES [ Y IN ITEM 18 PART  NN  19.  19.  Ite and hour at	COUNTY  S >  22c. DATE	STATE  STATE  (we) causes stoted  SIGNED

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT E. DA

DATLEY SON, F.A. THURMONT, MD. 21788 WIN 15 400 TABLET OF THE PROPERTY OF THE

		1 -	FOR STATE REGISTRAR	Boye	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYPE FICATE OF DEATH	0 /	173	8 5
6545	15		CEASED NAME FIRST	MIDDLE	-	LAST	REG. NO	MONTH DAY YE	AR 26. HOUR A
2 2 2			Edna	Eleanora	E	OYER	June 6,		12:30 <sub>M</sub>
offer.		3. SE	Female	4 RACE White		e 25, 1903	6 AGE (INYEARS LAST BIRT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
soge direct	4 40	7. RI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	T0V2 8	-	A BALTIMORE CITY O	P.COUNTY OF DEAT	CH CH
deoth. P	35	(	Maryland Maryland	U.S.A.	MARRI		Fre	ederick Co	unty MD.
os ofter of the full of the full	20	10. CI	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Meridian Nursing Ho			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Package)	F WORKING LIFE) INDUS	ND OF BUSINESS OR
AND 212	6	13a S		NTY 13c. CITY OR		13d INSIDE CITY LIMITS? YES A NO [	13e.STREET ADDRESS / 516 West S		et, 21701
MARYL ed with mpletel	1	14. FA	John Henry	Kerter Bo	yer	IS. MOTHER'S MAIDEN NA	Victoria		tockman
MORE, MA				RMED FORCES? 166. SOCIAL VE WAR OR DATES) 214–10	SECURITY NO. 3695	17 INFORMANT Charles Hart		spect Blvd ederick, M	., Apt. A-7 d. 21701
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIT STELAN, The Lead of the Local Market and 2120 BIT STELAN, The Lead of the Local Market and Completely filled in by the three for the Division and completely filled in by at the burnishment permit permit form of the Completely filled in by at the burnishment permit permit permit may completely filled in by the definition of the Completely filled in by the permit per		CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SEQUENCE OF		MIN AL DISEASE OR CONI	DITION GIVEN IN PA	INDINGS USED
AL ST. CO.		TIE					YES NO	YES 🗌	NO 🗆
LICIAN: 1 9 physic entition colinors ontol Hyg	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPAI	et 2)
IVISION offerflic ther this to and Au	1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC )	21f. LOCATION STREET	CITY OR TO	WN COUN	IY STATE
EAL OR ATTENDING by the hospital or electrons a distributed for use a distributed for use of store of the sto	NT; If New 21 is marke		220. I certify that U (this hosp sow the deceased alive or above, (I) (we) total (did not 27b. SIGNATURE	ot) view the body ofter death.	10111	ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	, to	ote and hour and from	n the couses stoted  DATE/SIGNED
Honed Portioned No. House No. House	1			. Pearre, Jr.		804 Toll Hou		ederick, M	d. 21701
BP			BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	June 9, 1987	Reforme		Middle tow	Contract of the Contract of th	and the same of the same
DHMH - 16 50M 4/8 (VRA 15, 4)	33	24. FI	De Bast Church	Keeney & Basfo Street, Freder	rick, M	ral Home 254.	UN 1 0 1987	2 Julia Desid	SNANDE dass

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FOR

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	60
CERTIFICATE OF DEATH	U

010	REGISTRAR				CERTIF	ICATE OF DEATH		G. NO.	/ 0	0 0	
	CEASED NAME E OR PRINT) GEOR	RGE	KYI	OR	BR	ENGLE	June 2		DAY YEAR	26 HOUR 5:30 a	A
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR		Ξ
ľ	Male		Cauca	sian	Aug	10, 1906 AR	80	YRS	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR F	OREIGN	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CI	_	Y OF DEATH	M	<b>-</b>
	TY OR TOWN OF DEA	(TH		HOSPITAL, NURSIN THEACHTY, GIVESTREET, ACA AVE		DR OTHER INSTITUTION	120. USUAL OCCU	AOST OF WORKING L		of Business of None	-
13a	al residence in nurs STATE # Maryland	13b. COUN		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Brunswi	N	13d. INSIDE CITY LIMITS? YES X NO [	13e STREET ADDR				_
14. E	Goerge		lor	Brengle,		15. MOTHER'S MAIDEN NA FIRST Lynn	M ID		Weddle	24 I I I I I I I I I I I I I I I I I I I	
- 11	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	705-10-2		Mrs. Glady		engle <sub>B</sub>	09 4th runswi	a Avenu ck, Md	e •
	Conditions, if ony, gove rise to improve (a), stating underlying couse	which nediate ig the	(b)_	R AS A CONSEQUE	NCE OF	of the co	707			month	
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	MINAL DISEASE OR	20b. IF YE	ES, WERE FINDI	INGS USED	
TIFIC	2 155-1						YES NO		IFYING CAUSES	S OF DEATH?	
MEDICAL CER	21d. ACCIDENT WAS UNE OR CONTRIBUTING (IFEITHER NOTIFY MEDII 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	CAUSE OF DEA CALEXAMINER) RED	21e. PLACE (AT HOME SI	.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	21c HOW INJURY OCCUR	RRED (ENTER MATURE C	24"	COUNTY	STATE	_
	220.1 certify that (1) sow the decease above (1) (we) (2 22b. SIGNATURE	d alive on did (did not	view the body	5 19	87	nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN		STAFF _	22c, DATE	that (1) we) lose couses stated ESIGNED 3-1987	1
1	22d. PHYSICIAN'S NA					22e. ADDRESS					-

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers. P should be detached for use as the burial-transit permit. Then please remave cark with the State Dept. af Health and Mental Hygiene priar to burial, crematian, or

etained by the haspital ar

R.E. DAILEY & SON.

230 BURIAL, CREMATION, REMOVAL Cremation

Kathleen Stern, M.D.

236 DATE

6-23-1987

23c. NAME OF CEMETERY OR CREMATORY Smithsburg Crematory

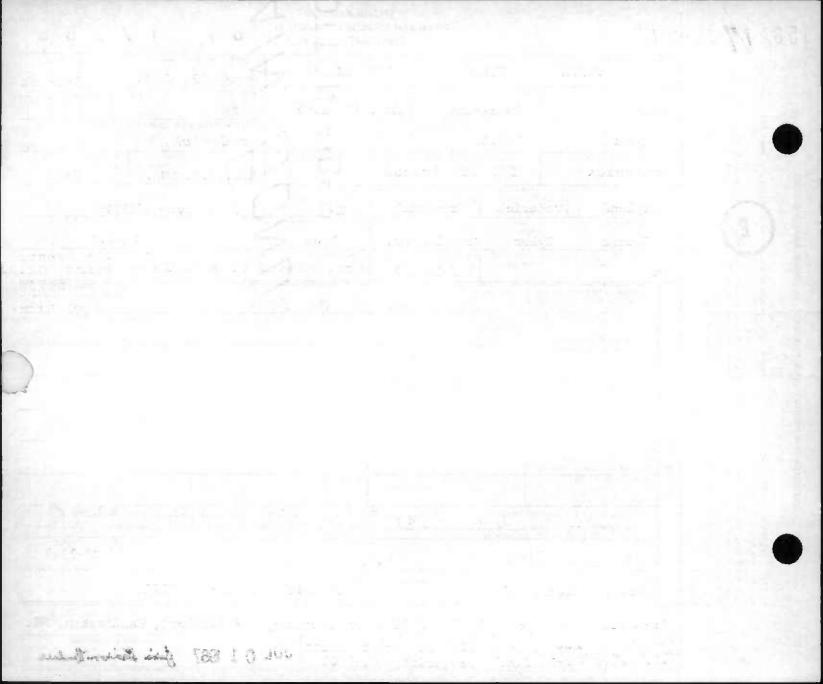
Smithsburg, Washington, Md.

21716

1201 Market Street

Frederick, Md.21701

Brunswick, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

33	FOR STÅTE REGISTRAR			DEPARTA		ICATE OF DEATH	SIENE 8 7	NO.	7 3	8 /	
	CEASED NAME OR PRINT)	ROSALY	~ X	ngle wkwk	BRU	BAKER	20. DATE OF DEATH		DAY YEAR	26 HOUR 7:45-PM	
3. SE.	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
I	Female		V	hite	June	28, DAY 1917 YEAR	69	YRS	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY Frederi			MD.	
10 C	Frederi		(IF NOT IN SUC	HOSPITAL, NURSIN THEACHLITY, GIVE STREET LOCKY Spr:	ADDRESS)	Road	120 USUAL OCCUP. (TYPE OF WORK FOR MO: Director	ST OF WORKING	G LIFE) INDUSTRY	of Business or Hospital	
130. 3	al RESIDENCE ( STATE aryland	13b. COUN		130. CITY OR TOW Frederic	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRES			d., 21701	
14. FA	THER'S NAME FIRST Charl		MIDDLE	Eng 1e		15 MOTHER'S MAIDEN NAME FIRST Fannie	MIDDLE		Corun	51	
	VAS DECEASED YES NO OR UNKNOV NO	EVER IN U.S. AR	E WAR OR DATES)	217-10-0		17 INFORMANT Free 7839 Rocky Spi	d R. Bruba rings Rd.,		erick, M	d. 21701	
CERTIFICATION	Conditions, if gove rise to cause (a), underlying  PART 2. OTHEI	stating the cause last.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF Y	YES, WERE FINDI	NGS USED	
TIFIC	15 - Ac.						YES NEXT	IN CER	RTIFYING CAUSES	OF DEATH?	
CAL CER	OR CONTRIBUTING	AS UNDERLYING C	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
MEDICAL	WHILE TO THE AT WORK	OCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OF	RTOWN	COUNTY	STATE	
	,	eceased alive an we) (did) (did na	4	e deceased from	87,0	nd that in (my) (all) opinion (	deoth occurred on the				
	(.	TLACE N'S NAME TYPE O	, Jan	A.	4.	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	JUN. DATE	E 18, 19	
	Dr	. George	e I. Smi	th, Jr. 1		804 Toll H		Fred	erick, M	d. 21701	
	SPECIFY) Bur	ial	June 2	20,1987	Wt. O	EMETERY OR CREMATORY  livet Cemeter	*		Frederic	k, Md.	
24. FU 106	East C	orSmith, hurch S	Keeney	& Basford	Fun-	eral Home 250. DAT	126 1987	AR 25b. REG	ISTRAP'S SIGN	i ji ji adilba	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then put the Solid be detached for use as the buriol-transit permit. Then put the Solid beat of Health and Mental Hygiene prior to buring Days and the solid burions and the solid buring t

IMPORTANT: If Item 21 is morked or Item

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10-	STATE REGISTRAR M	elvin		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	0.	5	5 O
	CEASED NAME E OR PRINT)	FIRST ELECTRICAL STREET		avid		TER UCHEY	20 DATE OF DEATH	MONTH DAY	YEAR 87	10:47 A
3. SE	× Male	4 RACE	ite		Sept	E. 28°, 1919°	6 AGE LIN YEARS LAST BIR	THDAY) IF (	JNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1	RTHPLACE (STATE OR FO	Ü	S.A.		WIDOWE		9 BALTIMORE CITY C Frederi	ck County	ty	MD.
1	TY OR TOWN OF DEAT	(IF N	Frede	FACILITY, GIVE STREET AN	orial	ROTHER INSTITUTION L Hospital	(Type of Work FOR MOST C Machinist		PON &	Steel
13a. S	AL RESIDENCE IF NURSINSTATE	Frederi	ck I	3. CITY OR TOWN	k	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5615 Buc		n Pike	, 21701
	ATHER'S NAME FIRST Willia		vid	Bruchey		15. MOTHER'S MAIDEN NAME RUTH	Trene		oker13	7
	NAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARMED FO (IF YES, GIVE WAR OR NONE	RCES? 1	220-01-5		5615 Buckeys	. Margar <sup>ec</sup> t stown Pike,		ick,	
	18 CAUSE OF DEATH PART I. DEATH WA	LEnter only one co AS CAUSED BY: MMEDIATE CAUS		ne for (o), (b), and	- کات	, meg.	arres		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate DU	(b)	AS A CONSEQUEN	V-7	anteny a	lin			
TION	PART 2 OTHER SIGN	5 Pe	joh.	~ الد	and the	NOT RELATED TO THE TERM	1200 AUTOPSY?	20b. IF YES. V	x 7.	C
CERTIFICATION					DERATIO		YES NOKK	IN CERTIFYIN	NG CAUSES	
MEDICAL CE	21a ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH HO	TIME OF OUR A.M P.M	. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
MED	21d INJURY OCCURR	LAT	PLACE O HOME STREE	F INJURY ET FACTORY OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
				19	, ar	nd that in (my) (our) opinion (	to 6 - 2 death occurred on the d	ate and hour o	nd Irom the	
	22b. SIGNATURE	-smy &	8	-			MEDICAL STA	FF CIAN [	June	23, 198
	22d PHYSICIAN'S NA	ME ITYPE OR PRINTS	ev.	PT		235 B	L-man,	fr-de	ch >	102126
	BURIAL, CREMATION, R	Ju	ne 25	5,1987 N	t. 0	EMETERY OR CREMATORY Livet Cemetery				
24 F	uneral directorSm 106 East Ch	ith, Kee urch St.	ney &	Basford	Fund Md. 2	eral Home 250 DAT	26 1987	15h REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital ar ottending physician.

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with the State Dept. or necessary in the 18 marked or Item 18 marked

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24 hours ofter death. Page 4

certificate be executed within

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. ond completely filled in by the funeral director, page 3 ages nond 2 shape be filed within 72 hours after death

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#### STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 8	REG. N	0.	7	3	8
LAST	2n DATE OF	DEATH	MONTH	DAY	YEAR	25 H

LIVE	CEASED NAME P	AUL .	ı.F	EDWARD _	L con	BURRIER	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
T	اصط	Edu	brace	S. C. C.	Drc	DOMETER	6-10-6	87		2310
3. SE	X	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	IF UNDER 24 H
Ma	ale	Ç.	aucasia	an	2/6/	26 PAY YEAR	61	YRS.	DATS	HOURS M
	RTHPLACE (STATE OR	FOREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland		USA		WIDOWE	D DIVORCED	Frederi			
10. C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS
	Frederick			ick Memor		ospital	Truck Driv			port C
USU/ 13a. S	AL RESIDENCE (IF NUR	13b. COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
_	aryland	Frede	rick	Thurmon	t	YES 🗌 NO 😿	14029 Gra	ceham	Road	21788
14 FA	ATHER'S NAME	Mi	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1.4	57
	Elmer	Le		Burrie	r	Goldie	Lucin			dsay
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	<sup>SS</sup> 9920	Ebby	Road
,	No	(# 125,0172 )	WAR OR DATES	220-16-3	905	Gary P. Burr				21778
	18 CAUSE OF DEAT	TH (Enter only	one couse per	line for (a), (b), one	d (c).)				APPROX	MATE INTERVAL
	Canditians, if any gave rise to im- cause (a), statii underlying couse	, which mediote ng the	(b)	R AS A CONSEQUE	ENCE OF	F-EC 6	on/ c ======	1 60 es ans		Ya.
ITION	gave rise to im- cause (a), statii underlying couse PART 2 OTHER SIG	r, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)  DIAMONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE  DITTIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	ainal disease or coni		EN IN PART 11	0
TIFICATION	gave rise to im- cause (a), statii underlying couse	r, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)  DIAMONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE  DITTIBUTING TO E	ENCE OF			20b. IF YES, IN CERTIFY		o NGS USED
ICAL CERTIFICATION	gove rise to im- cause (a), statin underlying couse  PART 2 OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED)	r, which mediate ng the e last.  NIFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  DITTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA	ENCE OF  ENCE OF  DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	AINAL DISEASE OR CONI  20a AUTOPSY?  YES \( \text{NO} \) \( \text{NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDII	ONGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to im- cause (a), statin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	which mediate ng the e last.  NIFICANT CC  N	DUE TO, O  (b)  DUE TO, O  (c)  DIVE TO, O  (d)  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE	R AS A CONSEQUE  R AS A CONSEQUE  DITTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI  20a AUTOPSY?  YES \( \text{NO} \) \( \text{NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED OF DEATH?
-	gove rise to import of the course (a), stating underlying course part 2 OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTHY MED) 21d INJURY OCCUR WHILE OF ONE OF THE OTHER OF THE OPERA O	which mediate ng the e last.  NIFICANT CO  VION  CAUSE OF DEATH  ICAL EXAMINER)  RED  ORK  (this hospita)	DUE TO, O  (b)  DUE TO, O  (c)  DIDITIONS CO  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE (AT HOME. 516	R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  OF INJURY M. MONTH DA  M. MONTH DA  RET, FACTORY, OFFICE, F  deceased from	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDII WERE FINDII VING CAUSES G	NGS USED OF DEATH?
-	gove rise to immodule to couse (o), stating underlying couse PART 2 OTHER SIGNATURE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE ALWORK ALWORK ALWORK 220. I certify that (1) sow the decess above (1) (we) (1)	which mediate ng the e last.  NIFICANT CO  VION  CAUSE OF DEATH  ICAL EXAMINER)  RED  ORK  (this hospita)	DUE TO, O  (b)  DUE TO, O  (c)  DIDITIONS CO  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE (AT HOME. 516	R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  OF INJURY M. MONTH DA  M. MONTH DA  RET, FACTORY, OFFICE, F  deceased from	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET  19 6 d that in (majour) opinion	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES COUNTY  and from the	on NGS USED OF DEATH? NO STATE that (I) (we) couses stated
-	gove rise to import of the course (a), stating underlying course part 2 OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTHY MED) 21d INJURY OCCUR WHILE OF ONE OF THE OTHER OF THE OPERA O	which mediate ng the e last.  NIFICANT CO  VION  CAUSE OF DEATH  ICAL EXAMINER)  RED  ORK  (this hospita)	DUE TO, O  (b)  DUE TO, O  (c)  DIDITIONS CO  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE (AT HOME. 516	R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  OF INJURY M. MONTH DA  M. MONTH DA  RET, FACTORY, OFFICE, F  deceased from	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET  19 00  and that in (majour) opinion  DEGREE	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO   RED (ENTER NATURE OF INJUI  CITY OR TO  Control of the december	20b. IF YES, IN CERTIFY YES EVEN ITEM 18 PA	WERE FINDII WERE FINDII VING CAUSES G	ONGS USED OF DEATH? NO STATE that (I) (we) couses stated
-	gove rise to imicause (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE WHILE WHILE WHILE SOW the decease above (III we) ( 22b. SIGN ATURE	which mediate ng the e last.  NIFICANT CONTION  IDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILL CONTINE CON	DUE TO, O  (b)  DUE TO, O  (c)  DIVIDITIONS CO  196 COND  216. TIME O  HOUR A.  P.  21e. PLACE (AT HOME. STE	R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  OF INJURY M. MONTH DA  M. MONTH DA  RET, FACTORY, OFFICE, F  deceased from	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  19  19  10  10  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PA	WERE FINDING CAUSES COUNTY  and from the	on NGS USED OF DEATH? NO STATE that (I) (we) couses stated
-	gove rise to immodule to couse (o), stating underlying couse PART 2 OTHER SIGNATURE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE ALWORK ALWORK ALWORK 220. I certify that (1) sow the decess above (1) (we) (1)	which mediate ng the e last.  NIFICANT CONTION  IDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILL CONTINE CON	DUE TO, O  (b)  DUE TO, O  (c)  DIVIDITIONS CO  196 COND  216. TIME O  HOUR A.  P.  21e. PLACE (AT HOME. STE	R AS A CONSEQUE  R AS A CONSEQUE  DITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F  et deceased from  ofter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216: HOW INJURY OCCUR  216: LOCATION STREET  19 10 10 that in (mulbur) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO MARCO STATE OF INJURE OF	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PA	WERE FINDING CAUSES COUNTY  and from the	on NGS USED OF DEATH? NO STATE that (I) (we) couses stated
MEDICAL	gove rise to imicause (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE WHILE WHILE WHILE SOW the decease above (III we) ( 22b. SIGN ATURE	Which mediate ng the e lost.  NIFICANT CONTINUE CAUSE OF DEATH (CALEXAMINER)  ORK  (RED)  (this haspitalized alive on did) (continued alive on did)  AME (TYPE OR F)	DUE TO, O  (b)  DUE TO, O  (c)  DIDITIONS CO  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE  (AT HOME, 518  All offended the	R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY  REET, FACTORY, OFFICE, F  et deceased from  ofter death.	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216: HOW INJURY OCCUR  216: LOCATION STREET  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY?  YES NO MARCO STATE OF INJURE OF	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES COUNTY  22C. DATE	ONGS USED OF DEATH? NO  STATE that (I) (we) couses stated SIGNED

DHMH - 16 60M 7/B4

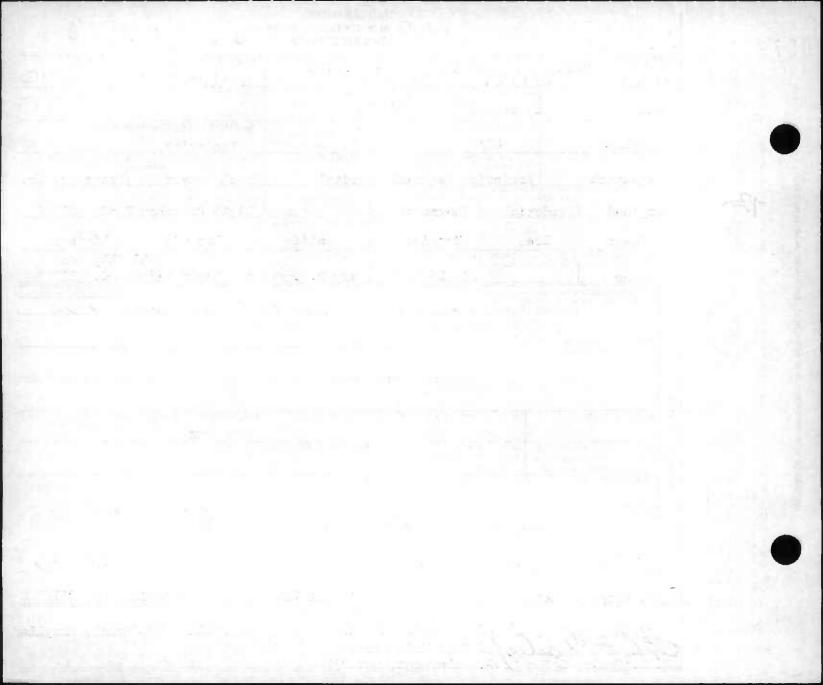
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, cremaint the State Dept. of Health and Mental Hygiene prior to burial, cremaint

R. E. Dailey Son (VRA 15, 4)

EastonMain Street Thurmont Md 21788

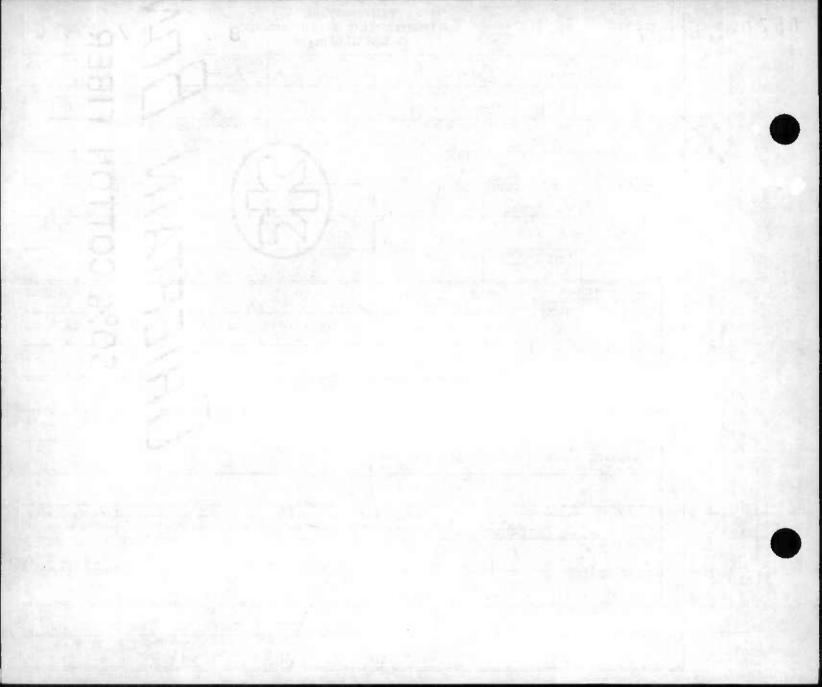
22 1987 Julia Davidson Roaders



### STATE OF MARYLAND

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3	REG. NO.	- 1	12/3			

198 Ju	60	FOR,			DEPA	RTMENT OF H	E OF MARYL		IENE da ""	1	- J	(1)
1 0 0 00	12	STATE REGISTRAR					ICATE OF I		B /	NO.	1 3	9 0
		EASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
ge 3	(1111)	JU	いかし	J	osefit		AHILL	-	JUNE	14	,1987	6:00"
1	I SEX		4	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DATE	IF UNDER 24 HR
	/1	IALE		WHIT	E	02	26	1897	90	YRS.		
EL		THPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
		KY	200	USA		WIDOWE	D D	NORCED	FREDERIC			
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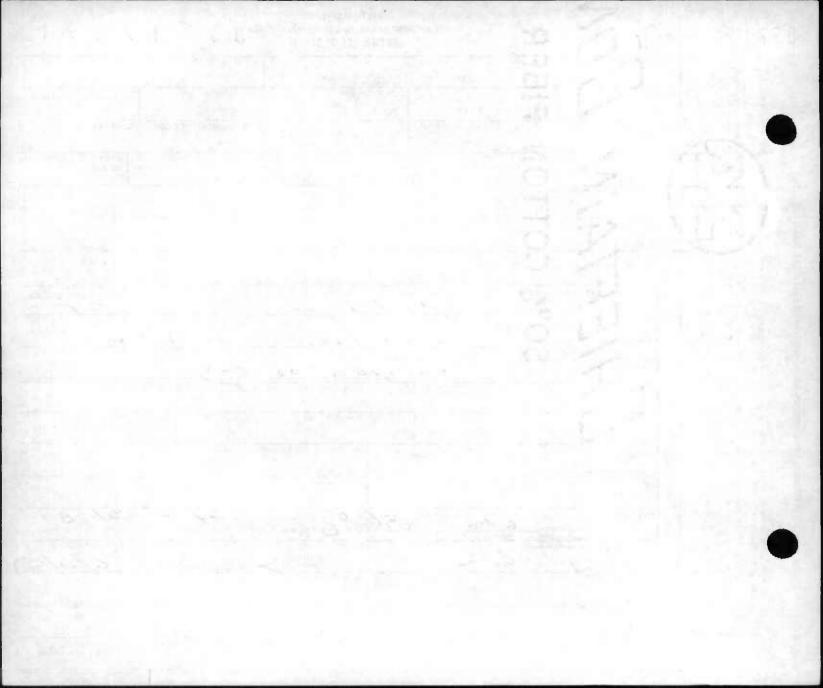


STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	Q

188 JUN	12	STATE REGISTRAR			DEPART		ALTH AND MENTAL HYG	REG. NO	).	/ 3	
		CEASED NAME	FIRST		MIDDLE	LAST	T		MONTH D	AY YEAR	26 HOUR
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	Ip. C	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
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A A S		THER'S NAME					S. MOTHER'S MAIDEN NA	ME	022 0		
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hos been signed by the offending the present the please remove Agos in the please remove Agos in the present to buriol, cremotion, or other froundiscue.	IFICATION	gave rise to immocouse (a), statinunderlying couse	mediote ng the lost.	DUE TO, C	OR AS A CONSEQUE	ENCE OF  C T D  DEATH BUT NO	OT RELATED TO THE TERM	IN AL DISEASE OR CONE	20b IF YES, IN CERTIFY	WERE FINDS	NGS USED S OF DEATH?
inding physicion.  this certificate has been signed by the offending third in the please remove signal throughout the please remove signal throughout to buriol, cremation, or reduction to the fraum 18-to carpy injury, or other fraumotics.	AEDICAL CERTIFICATION	gove rise to improve (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA:  21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT  21d INJURY OCCURI	TION  DERLYING CAUSE OF DEAL EXAMINER:	DUE TO, C  (c)  ONDITIONS C  19b. COND  19b. TIME C  TH  HOUR A  P  21e. PLACE	OR AS A CONSEQUE	ENCE OF  DEATH BUT NO  OPERATION  AY YEAR  19	OT RELATED TO THE TERM	200 AUTOPSY?  YES NO	206 IF YES, IN CERTIFY YES	WERE FINDE	NGS USED
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Mained by the hospital or offending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the offending should be detached for use at the introduction to the process remove; glab with the State Dept. of Health and Maintal Ingenia pairs to buriol, cremation, or report MPORTANT; if them 21 is marked at hem 18 showers injury, or other traumatics.	MEDICAL	gove rise to improve to improve the couse (a), storing underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERA:  210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL COURT)  210 MILE NOT WAS UNITY OF THE COURT OF THE	TION  DERLYING CAUSE OF DEA CALEXAMINER: RED HILE CAUSE OF DEA CALEXAMINER: ACALEXAMINER: ACALEXAMIN	DUE TO, CO  (c)  DUE TO, CO  (c)  19h COND  19h COND  TH HOUR A HOUR A (AT HOME ST	OR AS A CONSEQUIDON ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. GOFINJURY IREET, FACTORY, OFFICE, F. Be deceosed from 19 y ofter death.	DEATH BUT NO OPERATION  AY YEAR  19 SARM.EIC )  DEATH BUT NO OPERATION  OPERA	WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET  19  100 physician  22c. ADDRESS  4 West 7th	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW  MEDICAL STAF  POIRECTOR PHYSIC	20b IF YES, IN CERTIFY YES BY IN ITEM 18 PA	WERE FINDI	NGS USED S OF DEATH? NO STATE  thou (we) lost couses stoted  SIGNED
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74 FUNERAL DIRECTOR G. DOUGLAS STAUFFER
1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			EKTIFICATE OF DEAT	H '	REG. NO.	, 0	1 50
/	1. DECEASED NAME FIR	1	SENE CONTRACTOR	CLINE	20 DA	ATE OF DEATH MONTH	9 87	2h HOUR
	3. SEX	4 RACE	)	DATE OF BIRTH MONTH DAY YE	AR 6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN,
	70 BIRTHPLACE (STATE OR FOREIC COUNTRY)		WHAT COUNTRY? 8	MARRIED NEVER MARRIE	O DAI	TIMORE CITY OR COUN	NTY OF DEATH	
)	MD	USA		IDOWED DIVORCE		FREDERI	CK	MD.
1	FREDERICK	(IF NOT IN SUC	HOSPITAL, NURSING H H FACILITY, GIVE STREET ADDR RICK MEMOR	*	(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF WORKING OPERATOR .	G LIFE) INDUSTRY	EQUIP.
)			GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN WALKERSVI	134 INSIDE CITY LIA		REET ADDRESS / ZIP CC Main Stree	ODE	
)	14. FATHER'S NAME FIRST EARL	MIDDLE H.	CLINE	15. MOTHER'S MAIL LETTIE		MIDDLE V.	HUT:	ZELL
	16a WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY			ADDRESS		

YES	WW II	220-26-5835	Pauline Cline	19 Main	St.,	Walkersville,
PART I. DEATH W	H (Enter only one couse (AS CAUSED BY: IMMEDIATE CAUSE (o)	Per line for (0), (b), and (c),1  HYPOXIC E	NCEPHATO PATRI)			BETWEEN ONSET AND DEATH  35 OF Y
Conditions, if any,	which (b)	OR AS A CONSEQUENCE OF VENTRICUUR	FORILLATO	on		35 0445
couse (o), statin underlying couse	g the DUETO	OR AS A CONSEQUENCE OF	RRE) DISE	156		YEARS

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

ローはアクノクス	NEUMONITIS
DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO
5-9-87	RESPIRATORY GA

N WAS PERFORMED

20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO

21d. INJURY OCCURRED 21e. PLACE OF INJURY

HOUR A.M. P.M

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

211. LOCATION STREET

COUNTY STATE

22a. I certify that (P) this haspital) attended the deceased from did not view the body ofter death.

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

MO

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL BURIAL

236 DATE 6/12/87 23c NAME OF CEMETERY OR CREMATORY Resthaven Mem. Gardens

and that in (ny

DEGREE

23d. LOCATION CITY OR TOWN Frederick

Frederick MD

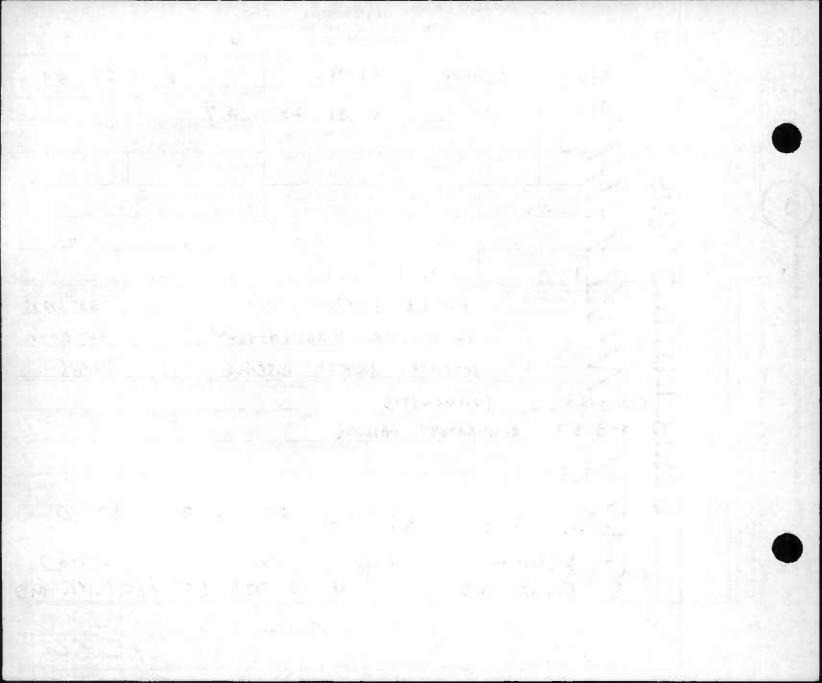
DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT: If hem 21 is

other

CERTIFICATION

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701



in it is a lector. page 3

moy be

executed within 24 hours ofter death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

### STATE OF MARYLAND

8 / REG.	NO.	Name of Street	7	3	9	•
TE OF DEATH	MONTH	DAY	YEAR	2	b HOUR	ľ

2	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	BIENE 8 / REG. N	0.	7 3	9	3
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
	Gla	dys	R.	CONST	CANTINE	June	18. 19	87	7:05	5 Am
3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	24 HRS
	Female	White	9	Jan	1 - 0 - 1	93	YRS.	0.413	10000	Miles.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
	Canada	US	A	WIDOWE		Frede	rick C	ounty,		MD.
III. C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINE	SSOR
F	rederick		dian Nur		enter	Homemake		,		
130.	AL RESIDENCE (IF NURSING HOME STATE (13), CO		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS 6025 Buff	ZIP CODE	1. 217	71	
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS		
V		lelbert	Robins	on	Lena	WIDDLE	M	[etcalf		
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	SS			
	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	262-56-	5597	Adelbert R.	Seelye, Jr.	Item	n 13		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19g. DATE OF OPERATION	(b) DUE TO, O (c) IT CONDITIONS C		USULU UENCE OF DEATH BUT		MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	NGS USED	
FE						YES NO		ING CAUSES	OF DEAT	
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY .M. MONTH I .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC )	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	SI	TATE
	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	19		nd that in (my) (our) opinion	deoth occurred on the d		ond from the	, ,	
	22b. SIGNATURE	2				MEDICAL STA	IAN 🗌	June		987
	22d. PHYSICIAN'S NAME (TY)  Nathan We				184 Thomas	Suite 204 Johnson Dr.		erick,	Md.	
23a 1	BURIAL, CREMATION, REMOV (SPECIFY)  Cremation		.9,1987		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltir		Maryla		STATE
24 F	Olin L. Mole:			scus,	Md. 25a. DA	N 1 9 1987	256 REGISTE	PAR'S SIGNAT	Randa	22

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon paper. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: if Item 21 is marked or Item 18 shows any injury, or other traumatic event, till miles.

(VRA 15, 4)

BP.

William II. 1978 ARTHER COMP. III. 1979 TED M. Territor (Marie Centre) 1981 officer Ingland bandl theirs - A destinate business Transfer and non-hot frailed -- -- --To series in September 19 - 3- 10. The last of the september 19 - 3- 1

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					HYGIENE	٠,
MEDICAL	EXAM	AINER'S	CERTII	FICATE	OF DEATH	1

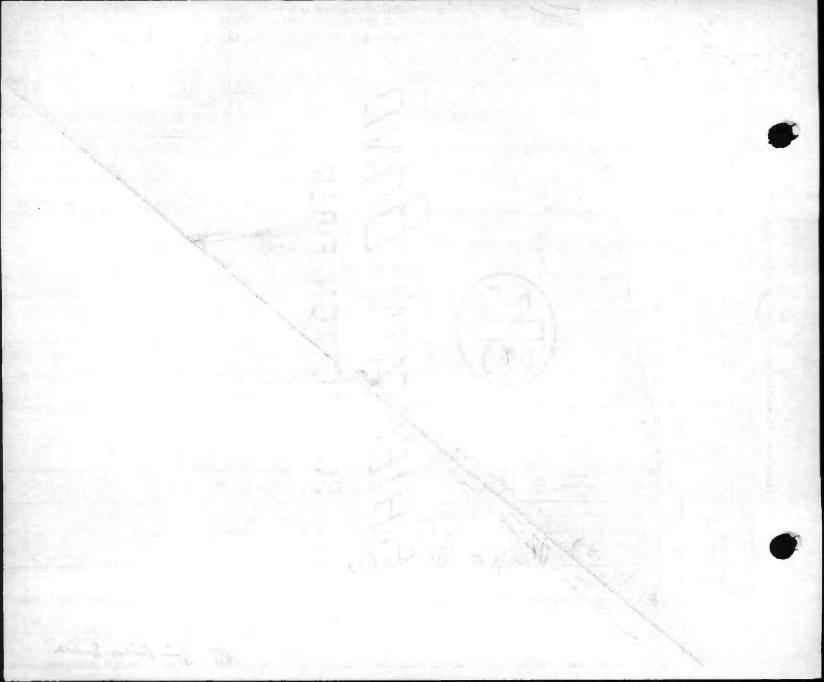
T- STATE REGISTRA	N.			AENT OF H		AND MI		HYGIEN OF DE	NE ATH	REG.	10. 7	3	9	Ą
T. DECEASED N	AME FIRST	7	MIDDLE	THER	C	ONWAY	7	1	OF	KNOWN ESTI- MATED		H DAY	YEAR	2) HOUR
Female	4. RACE	5. DATE OF BIRTH	YEAR 1936	6 AGE (IN YEAR: LAST BIRTHDAY) 51 YRS	S IF UND	ER 1 YR.	IF UNDE Hours	R 24 HRS.	20 DATE PRONOU! DEAL	NCED	MONTH	29-87	YEAR	2d HOUI
7s. BIRTHPLACE FOREIGN COUN MD	ISTATE OF	76. CITIZEN OF WI		TRY?		D NE	VER MAR	-			rorcoul k Cou	NTY OF D		
Frede	erick	11. NAME OF HOS (IF NOT IN SUCH FA Frederi	cility, give sti ck Mei	SING HOME, REET ADDRESS) MOTIAL	OR OTHER	RINSTITU		12a. US	MOST OF WO	IPATION (	TYPE OF WORK	K 12b. KIN	INDUST	
USUAL RESIDEN 130. STATE MD	ICE (IF IN NURSING HOME 13b. COUT FREI		13c. CITY	DERICK		3d. INSIDE (I	ITY LIMITS?	_	REET ADDR		iew F	Rd.	7/7	101
DORSEY	EI	MIDDLE	KING			RUT	rst 'H	DEN NAM	,	ECCA		KEEN	EY	
NO NO, OR UP	ASED EVER IN U.S. AF HKNOWN)   {IF YES, GIVI N/	E WAR OR DATES)		-30-932		7 INFORM Marl	in K	ling	411	ADDRE	Ave.	. Fr	eder	MD
lying PART 2 OTM	e (a) stating the <u>under</u> cause last.	(c)		SEQUENCE OF		DR CONDITION	N GIVEN IN I	PART 1 to 6	·····					
190. DATE	OF OPERATION	19b. CONDI	ION FOR V	VHICH OPERA	TION WA	S PERFOR	MED?						UTOPSY	"? No □
LINDEDIN	TING OR CAUSE OF	F 20-	. MONTH	DAY YEAR 9-87					/auto				23 (2)	NOL
WEDICAL THE WORL THE WORL THE WORL	RY OCCURRED  NOT WHILE AT WORK	21e. PLACE ( STREET, FACT  hgwy.	OF INJURY ORY, FARM, ET		US 1	ATION .5@Sti	ull B	Rd.	Frede	rick	Co.,	Mary	vland	STATE
deoth re		ge of the remains des	Accident	P.T.	Autopsy	Homic TITLE (S	PECIFY)	Unde	Inquiry termined m	onner _	and in my		5-30-	-87
EXAMINE (TYPE OR	R'S NAME	Margarita	A. K	orell,	,M.D.				Street		SIGI	NED	, 50	07
230 BURIAL, CRE (SPECIFY) BURIAL 24 FUNERAL D		7/3/87 DUGLAS STA	Pr	ame of CEME ivate 7	ETERY OR	Frech A Lak	leric evie	k Fr	OCATION YORTOWN ederi		Frede		MD	STATE

07/84 25M

**DHMH - 17** (VR A15 ME (5))

1621 Opossumrown Pike, Frederick, MD 21701

1987 Alia Diridon Radas



230. BURIAL, CREMATION, REMOVAL 23b, DATE

6/11/1987

106 East Church St., Frederick, Md. 21701

Buria1

(SPECIFY)

injury, or other troumatic event, the

shaws

MPORTANT: If Item 21 is marked and tem 18

	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		<b>NS</b> 7	1 7	3	3 5
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST			MONTH DA	Y YEAR	26. HOUR
		Flor	ence	Trene	COOL	4		June 8, 1	1987		3:25P M
3. SE	x Fema		RACE Whit	3	5. DATE (	of Birth 5t. 30, 190		. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF Maryland U.S.			WHAT COUNTRY?	MARRIED M NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH Frederick County				
10. CITY OR TOWN OF DEATH  11. NAME OF CIF NOT INSURED IN THE PROPERTY OF THE			HOSPITAL, NURSIN ICH FACILITY, GIVE STREET 3 OAKWOOD	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS) OAKWOOD Drive			20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Crossing	F WORKING LIFE)	INDUSTRY	of Fred.	
13a. S	AL RESIDENCE (IF NU STATE Aryland	13b. COUNT Frede	Y	13c. CITY OR TOW Frederic	N	13d. INSIDE CITY LIM YES 🔀 NO		3e.STREET ADDRESS / 1213 Oakw		ive,	21701
14. F	ATHER'S NAME FIRST Wi 11i		Steine:	r Shank le		15. MOTHER'S MAID!	orenc	WIDDLE	nia I	larris	51
	WAS DECEASED EVE YES, NO OR UNKNOWN) NO		WAR OR DATES)	214-10-3		17 INFORMANT 1213 Oal		lmer C. APRE Dr., Fred		Md.	21701
	Conditions, if an gove rise to in couse (a), statunderlying cau	WAS CAUSED IMMEDIATE y, which nmediate ting the	DUE TO, (b)_	or line for (a), (b), and  OR AS A CONSEQUE  OR AS A CONSEQUE	NCE OF	ue 13	?	÷5(-		APPROX BETWEEN	imate interval onset and death
CERTIFICATION	PART 2. OTHER SIG					NOT RELATED TO THE	E TERMIN	AL DISEASE OR CONE		V IN PART 1:	
TIFIC			196 CONDITION FOR WHICH OPERATION WAS PER					YES NOKK		ING CAUSES	OF DEATH?
	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE [		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR FOV	WN	COUNTY	STATE
	22a.1 certify that (	I) (this haspite	al) attended t	he deceased fram_	1	955 , 19_		, ta	8 , 1	87	that (1) (we) last

Frederick, Frederick,

ulia Devider Randace

190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 22a.1 certify that (I) (this haspital) attsaw the deceased alive an\_ , and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 4 West Seventh St., Frederick, Md. 21701 Dr. P. Gregory Rausch

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24 FUNERAL DIRECTORS mith, Keeney & Basford Funeral Home 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 106 Bast Church St., Frederick, Md. 21701 JUN 11 1987 Julia Director Resident Reside

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior

FUNERAL DIRECTOR:

Y LL , THE A THE RESIDENCE aut Lyan x introduction minoral wait and which shapes are not selected persons which he Born Steelselong a kill or manders, enemically is AlAMI top of the state of To be a sure of the sure of th

the funeral director, page 3 d within Z2 hours after death

completely

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	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

STATE OF MARTLAND					
ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1	REG NO.	7	3	

0

1 DE				CATE OF DEATH	REG. NO.				
	ECEASED NAME FIRST	MIDDLE	LA	ST A TRIDE	20.01.2	TH DAY YEAR	26 HOUR		
	LeRo	y Summers	C1	RABBS	June 27,	1987	a.		
3. SE.	Male	4. RACE White	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY			
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH	, N		
10. C	Frederick	11. NAME OF HOSPITAL, NURSIN	on Di		Outpe of work for most of wo Carpenter	RKING LIFE) 126 KIND INDUSTR	S. Gov.		
13a. S	STATE 136 COU	or other institution, give residence befor JNTY 13t, CITY OR TOV <b>derick Frederi</b>	VN 1	13d INSIDE CITY LIMITS? YES NO []		code Iton Dr	. 21701		
14. FA	ATHER'S NAME FIRST Charles	MIDDLE Crabb		15. MOTHER'S MAIDEN NA.	ara		Bo <b>yer</b>		
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  (IF YES, G	RMED FORCES? 166 SOCIAL SECTION WAR OR DATES) 214-10-		Mrs. Shi	rley E. Sha Dr., Freder	nk, 465 ick, Md	. 21701		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE of Underlying couse lost.								
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	IENCE OF		afaillen				
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH	DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY? 20	LIFYES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO		
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT I	NOT RELATED TO THE TERM	200 AUTOPSY? 201 IN	LIFYES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO		
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive or	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	DEATH BUT II OPERATION OAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR! 211 LOCATION STREET	200 AUTOPSY? 200 IN YES NOW NATURE OF INJURY IN	LEYES, WERE FINI CERTIFYING CAUS YES  ITEM 18 PART 1 OR PART 3  COUNTY  19  and hour and from t	DINGS USED SES OF DEATH? NO  STATE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, and

retained by the hospital or attending physician.

BP.

Burial June 29, 1987 Brook Mill Cemetery Yellow Springs From Every Smith Keeney Basford P. Amss Funeral Mome 25th DATE REC'D. BY REGISTRAR 25th REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 2170 JUL 0 1 1987

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# STATE OF MARYLAND

With		2019	-7	(3)
	- 1		3	7
/			-	
REG.	NO.			

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Residen Broke

					TALE OF MAKILAND			
582 JUN		FOR ISTATE			OF HEALTH AND MENTAL HY	GIENE 7	7 3	9 /
		REGISTRAR		CEI	RTIFICATE OF DEATH	REG. NO.		344
page 3		EASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR	26. HOUR
	(TYPE	OR PRINT)	Rahw (	Girl Crampto	n	June 6,198	37	3:30
	3. SEX		4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOA		and the said Time
- 11	3. 3EA				MONTH DAY YEAR		MONTHS DAYS	
	1	Female	Whit		June 6,1876	//	YRS.	1 41
5		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIED - NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH	
1		Maryland	Frede	erick   wm	OWED DIVORCED	Predric	R	,
1	10/CH	Y OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
10	4	Frederick		derick Memor		(TIPE OF WORK FOR MOST OF WO	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 / 2
1	USHA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE ADMIS	SION)			2,7-
12	100	TATE 136 COU		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 4106 Jeffer	na on Diffe	110
	-		ederick	Jefferso	N YES NO ▼		rson rike	
EMA	14. FA	THER'S NAME FIRST	MIDDLE	LAST	FIRST	MIDDLE	L.	AST
3/1								
medicol		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS		
De l	(1	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!					
a by the offendin leose remave carb iol, cremation, or i		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (c)_	OR AS A CONSEQUENCE	OF			
any injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS (	CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART	110
à G	CERTIFICATION	190. DATE OF OPERATION	196. CON	DITION FOR WHICH OPER	RATION WAS PERFORMED	115	DE IF YES, WERE FIND CERTIFYING CAUSE	ES OF DEATH?
o /	E				Tax way a say	YES NO	YES	NO 🗌
8	_	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY A.M. MONTH DAY		JRRED (ENTER NATURE OF INJURY IN	HEM IS PART I OR PART 2)	10
1	Š	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19			
2	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE, FARM, E	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	×	WHILE NOT WHILE	I AT HOME S	THEET, FACTORY OFFICE, FARM, E	1.1	444		
E S		220.1 certify that (I) (this has	ital) attended	e deceosed from_//	6/6/ 19 8	, to	19	, that (I) (we)
.4		sow the deceased alive a		10 19	and that in (my) (our) opinio	n death accurred on the date		
m 2		obove, (I) (we) (did) (did n 22b. SIGNATURE	of) view We had	vkuffer death.	DEGREE		22r DA1	TELSIGNED
# #e		ZZV. SIGNATURE	61	pn//	M ATTENDING	MEDICAL STAFF	- 6	11.75
X /			0/	0100	PHYSICIAN		10/	0/0
		22d. PHYSICIAN'S NAME (TYPE		MA	724 ADDRESS	7	Inch	HI
		C. I DRR	05	1119.	100 1 403	Y OHIVJUIU)	1-1000.	110
IMPORTA		URIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d. LOCATION	-0	
	(	SPECIFY)	6.8	.87   A	val Mimorial A	h Francick	Frad	ma

ADDRESS

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR KKUL

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

-	- STATE - REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	# 6 -7	卷
7	t. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR A
	LeRoy	Irvi	n CR	UM, JR.	June 21, 1	.987	10:30 M
ſ	3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
1	Male	White	Nov	9, DAY 1917 YEAR	69	YRS.	s HOOKS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
1	Maryland	U.S.	A. WIDOWE	- 1.7	Fred	erick Coun	ty MD.
1	Frederick	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Carrier	WORKING LIFE) INDUSTR	OF BUSINESS OR
		OUNTY 13c. CIT	DENCE BEFORE ADMISSION) IY OR TOWN ederick	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 500 Trail		1701
	14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
1	Leroy	Irvin (	Crum, Sr.	Phoebe			ng1e
	160 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (15 YES.	ARMED FORCES? 16b. SC	CIAL SECURITY NO.	17. INFORMANT		S Fourth St	
L	No		-10-0394	Martha J. Kl	ine, Frederi	ck, Md. 21	701
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A (	(ong	Avre Dea	I Jarla	re yes	OKMATE INTERVAL  NONSET AND DEATH
-	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		UTING TO DEATH BUT		20a AUTÓPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS	DINGS USED ES OF DEATH?
H	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	RY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES	NO 🗌
1		DEATH HOUR A.M. ME	ONTH DAY YEAR	The state of the s	(ENIEK NATURE OF INJOK)	IN TEM TO PART TORPART 2	
ı	OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJE	19 IPV	211. LOCATION			<del></del>
١	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
١	22a I certify that (I) (this he saw the deceased alive above.	on		nd that in (my) (our) opinion	death accurred an the date	e and haur and from the	, that (I) (me) last he couses stated
-	22b. SIGNATURE  22d. PHYSICIAN'S NAME (TV)	PE OR PRINT)	N	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		TESIGNED 8
1	Dy. Allen J				Avenue, Fred	erick, Md.	21701
	230 BURIAL, CREMATION, REMOV	June 24, 1		EMETERY OR CREMATORY Divet Cemete	23d LOCATION CITY OF TOWN TY Frederick	Frederi	21701 ck, Md.

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TO FUNERAL DIRECTO thould be detoched for the the State Dept. of 1 MPORTANT, If the

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Frederick, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 056827 JIN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-Whitehill 19 87 Dayhoff Earl 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE AND 3 TO THE FUNERAL DIRECT PROBLEM PAGE TO THE FUNERAL DIRECT PROBLEM PAGE TO THE PAGE TO PRONOUNCED 10:10 Nov. 29, 1914 724RS White Male. DEAD 1987 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED WNEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland Frederick County DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Mechanic S. Market Street Farm Equip. Frederick USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Frederick Frederick YES 25 Bast Patrick St., 21701 Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Rhoda GIVE PAGES VITH FOR PAGES 1 Dayhoff Raymond Bowersox 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT Mrs. Ruth ARDRESDayhoff EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AFFER DEATH "WITH THE STATE OFPARIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARTHAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 213-01-3806 25 East Patrick St., Frederick, Md. 21701 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUF TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) Arteriosclerotic cardiovascular disease and acute alcoholism 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🎾 NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject fell off bridge 8 XXXX 6 7 19 87 21e PLACE OF INJURY (AT HOME. 71L LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK bridge S. Market St. Frederick Frederic MD. Autopsy X 27a. I certify that I took charge of the remains described above, held an Inspection Accident X Suicide Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 6/7/87 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 73a BURIAL CREMATION REMOV 1 (3b. DATE 23d. LOCATION 6/9/1987 Smithsburg Crematory Cremation Smithsburg, Washington, Md. 07/84 74. FUNERAL DIRECTOR Smith, Keeney Basford Funeral Hone Date REC'D. BY REGISTRAR'S SIGNATURE **DHMH - 17** lia Dividion Rudale JUN 1 1 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5))

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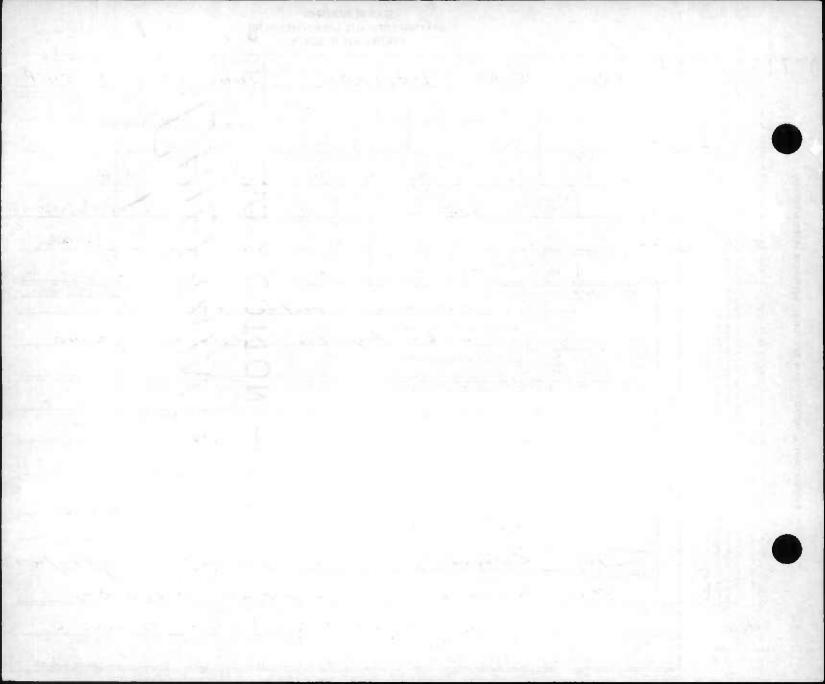
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	OR PRINT)			CM	2001				
	FRED	ISAAC	_ 0	EM		0.00	17,19		3:45
3. SEX	X	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HOURS
	MALE	WHITE		11	07 1921	65	YRS.		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
17.5	SD	USA		WIDOWE	D DIVORCED	FREDERI			
10. CT	ITY OR TOWN OF DEATH		HOSPITAL, NURSII CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINES
	FREDERICK		RICK MEMO		HOSPITAL	RETAIL		FOOD	000
13a. S		E OR OTHER INSTITUTION DUNTY LARICOPA	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3403 East			5203
14. FA	ATHER'S NAME	•			15. MOTHER'S MAIDEN NA	ME			, -1
	HENRY	O.	DEMMON		ALICE	WIDDLE		FY	LANDER
16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECT		17 INFORMANT	ADDR	ESS Mesa,		
		WII	503-14-7	638	Naomi Demmo				200 70
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	USED BY:	extra					BEIMEEN	MATE INTERVA
	Conditions, if any, which	( 1b)	RAS A CONSEQU	ENCE OF	7/10/16/16	1-01/10-	<	3.	~ O ~
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	gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQU	IENCE OF				3.	70
No	gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQU	IENCE OF	NOT RELATED TO THE TERA			3 -	~~ O
ATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAT	DUE TO, O  (c)  NT CONDITIONS C	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN		
FICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O  (c)  NT CONDITIONS C	R AS A CONSEQUE	DEATH BUT		MINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	GS USED OF DEATH
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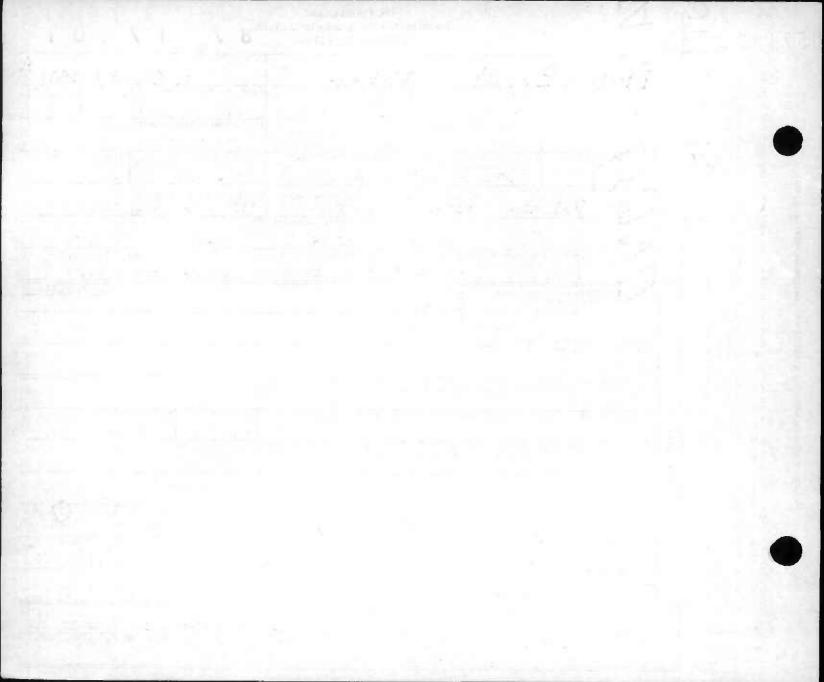
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DHMH - 16 60M 7/84 (VRA 15, 4)

ITO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and com-should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I. a. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.



97 JUN 2	17	FOR STATE REGISTRAR			DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		0
Page 4 may be director, page 3 hours after death	3. SE)	EMALE	a B	RACY WHITE	MIDDLE	Fish	DF BIRTH  O6 1899	20. DATE OF DEATH A  6. AGE (IN YEARS LAST BIRTH		7 0509 M
ther death. The funeral it ithin 72 in det open	I 10. CI	RTHPLACE (STATE OR FO COUNTRY)  LL  TY OR TOWN OF DEAT	H 11	USA . NAME OF E	H FACILITY, GIVE STREET A	WIDOWE G HOME C	DR OTHER INSTITUTION	9. BALTIMORE CITY OR FREDERIC 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	K ON 12b KIN WORKING LIFE) INDUS	MD.
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es that the death certificate be red by the attending physician oplease remave carban papers. Pural, cremation, ar remaval.	N	O  18 CAUSE OF DEATH PART I. DEATH WA  Conditions, if ony, gave rise to imme cause (a), stating underlying cause	N/A (Enter only 6 S CAUSED E MMEDIATE () which ediate the lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	MERILYN SMIT			PROXIMATE INTERVAL VEEN ONSET AND DEATH
ned by the haspital or attending physician. The low rate haspital or attending physician. FUNERAL DIRECTOR: After this certificate has bee alid be detached for use as the burial-transit permit the State Dept. of Health and Mental Hygiene pria ORTANT; if them 21 is marked or them/18 shows any	MEDICAL CERTIFICATION	19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING AND ADDRESS LIFETHER NOTIFY MEDIC  21d. INJURY OCCURRE AT WORK NOTIFY MEDIC SOW THE DECESSES 22d. PHYSICIAN'S NAI  22d. PHYSICIAN'S NAI  22d. PHYSICIAN'S NAI	RLYING   LUSE OF DEATH LEXAMINER)  E   this hospital d align or	21b. TIME O HOUR A. P. 21e PLACE (AT HOME. STI	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FJ De deceased from	YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR  21c. HOW INJURY OCCURR  21c. LOCATION STREET  19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUTOPSY?  YES NOW  CITY OR TOW  CITY OR TOW  TO DIRECTOR PHYSICI  CONTROL PHYSICI  CONT	te and haur and fram	USES OF DEATH? NO  TY  STATE
BP	24 F	SURIAL, CREMATION, R SPECIFY) URIAL JNERAL DIRECTOR NAME 621 Opossui	G. DOU		787 IN	NGLEW		23d LOCATION CITY OF TOWN INGLEWOOD E REC'D BY REGISTRAR?	LOS AN	



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moy be poge 3		CEASED NAME FIRST CET		ANN.	F	look -	26 DATE OF DE		DAY 26	YEAR 87	26 HOUR 1825M
ctor. po	3 SE	Female.	4 RACE	uhite-	S DATE C			Y	MONTHS 'RS	R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
dearth. Po	Ma	RIHPLACE ISTATE OR FOREIGN	U.S.		WIDOWE		□ Fred	erick			MD.
4 64	F	TY OR TOWN OF DEATH rederick	Freder:	ick Memor	ial Ho	spital	120 USUAL OCC 11YPE OF WORK FO Homema	R MOST OF WORK	ING LIFE) IND	KIND OI DUSTRY OME	F BUS IN ESS OR
Wind S	13a. S Ma	AL RESIDENCE (IF NURSING HOME OR TATE 13% COUNTY) THE COUNTY THE C	erick	134. CITY OR TOW Myersvil	/N	13d INSIDE CITY LIMITS YES NOX	4326	oress / zip ( Middle)		Rd/2	1773
2 ond 2	L	FIRST	MIDDLE T.	Lewis	INTV ALC	Trixie	V.*	ADDRESS	Delau		
ion and c		ES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	217-18-8	811	Esther Shar	2017 M nk <u>Myersv</u>	onument ille, N	MD 217	73	WWW BUILDING
n certificate ding physici orbanpoper or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause pe D BY E CAUSE (a)	r line far (a), (b), an	d (c).	orageza	e 30	prof	-	BETWEEN	WATE INTERVAL ONSET AND DEATH
by the other by the other sse remove or i, cremotion,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONSEQU	- 1	ectum					
been signed brimit. Then pleas prior to burial, ony injury, as o	VIION	PART 2 OTHER SIGNIFICANT OF	ront	- 14	anp 4	NOT RELATED TO THE T	ERMINAL DISEASE O		IF YES, WER		
The law ician.  It has been as the perm yelene pr	CERTIFICATION	210 ACCIDENT WAS UNDERLYING			OPERATIO	21c HOW INJURY OCC	YES N	O()	ERTIFYING (	CAUSES	OF DEATH?
TTENDING PHYSICIAN: The is piral or attending physicion. TOR: After this certificate has for use as the buriol-transit pei of Health and Mentol Hygiene. 21 is marked or them 18 shows.	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A P 21e PLACE	.M. MONTH D .M. OF INJURY REET FACTORY OFFICE	19	211 LOCATION STREET		ITY OR TOWN		DUNTY	STATE
		22a. I certify that (I) (this haspi saw the deceased give an above (I) well clied did no 22b. SIGNATURE			\$ 7, or	9 % , 19 d that in (our) opin	nion death occurred o	n the date and			
ITAL by the RAL store		22d. PHYSICIAN'S NAME (TYPE O	Print)	45		ATTENDIN PHYSICIAI	MEDICAL DIRECTOR	STAFF PHYSICIAN		C/	24/87
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	22- 6	P. G. Rausch,				4 W. 7th S			D 2170	01	
BP	1	SPECIFY) Burial JNERAL DIRECTOR	6-30-8			10 Prothes	Myersv Date REC'D BY REG	ille Fr	ederi	ck M	aryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	icketts Funeral	Home 1	Mversvill	e. MD	I	JUL 2	1987 4	dia De	rider	· Rondres



MPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

DAY YEAR	26 HOUR
	11:10
IF UNDER I YEAR	IF UNDER 24 H
	IF UNDER 1 YEAR

	PECEASED NAME	FIRST	,	AIOOLE		AST				DAY YEAR	26 HOUR
	BEU			MAY		NNON		June 24, 1			11:10 p
3. S	Female		Cauca:	sian	5. DATE C	il 1º9, 18	93	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR F	OREIGN )	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRI		9. BALTIMORE CITY O Frederick,	R COUNTY	OFDEATH	MD
) 1	city or town of dea Frederick		Citiz	ens Nursi	ng Ho	OR OTHER INSTITUTION	ON	120. USUAL OCCUPATI LIYPE OF WORK FOR MOST O Homemaker		EL INDUSTRY	of Business or None
13a	UAL RESIDENCE (IF NURS STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Freder	N	13d. INSIDE CITY LIV YES NO		507 S. Mar	zip code ket S	treet/2	21701
	FATHER'S NAME Howard	N."	VIDOFE	Wachte	r	15. MOTHER'S MAIL FIRST Manz		WIDDLE		Bell	ST
160. N	WAS DECEASED EVER		MED FORCES? WAR OR DATES!	16b. SOCIAL SECU 217-18-7		Mrs. Wm.	D.S1	agle 430 P	ss inoak rick,	Place Md. 21	
	Conditions, if ony, gove rise to imm couse (0), stotin underlying couse	MAS CAUSED  IMMEDIATE  which nediate ig the	DUE TO, OF	Carobs RAS A CONSEQUE RAS A CONSEQUE	Al-	Cerosa	boo	2.050		14	IMANE INTERVAL ONSET AND DEATH
CATION	PART 2. OTHER SIGN	10-8	clero	w Cary	404	OSCULON N WAS PERFORMED	Des	INAL DISEASE OR CON	20b. IF YES	S, WERE FINDI	NGS USED
CAL CERTIFICA	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURR	YES NOX	YE	PART I OR PART 2)	NO
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK		EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	54	Occur)	24	COUNTY	37438
	22a.1 certify that (1) sow the decease above, (1) (we) (c	ed alive on_	June.	13 195		nd that in (my) but	epiivon c	death occurred on the do	ate and how	r and from the	Service Control of the

M.D. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN

June 26,1987

B.O. Thomas, Jr. M.D

228 N. Market Street Frederick, Md.21701

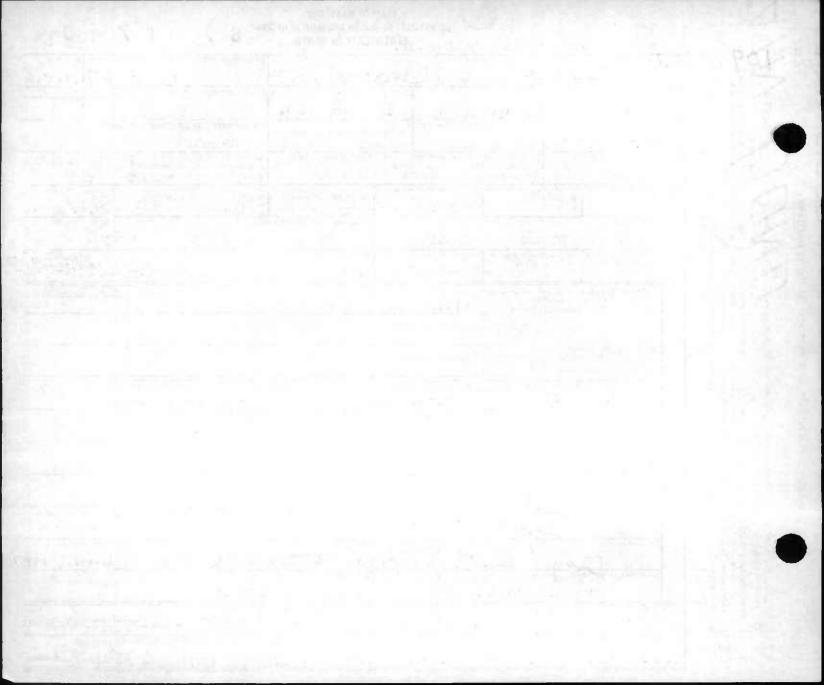
230. BURIAL, CREMATION, REMOVAL Burial 6-27-1987 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

Frederick, Frederick, Md.

R.E. DAILEY & SON

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUL 0 1 1987 Julia Decidera Landers 1201 N. Market St. Frederick, Md.21701

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	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. NO.	17	4	0 5
1 13		CEASED NAME FIRST OR PRINT) MARGARETA	robella de/	/	Mammond	Ju)	186/09/8	8/198	YEAR 7	5701 A
	3. SE	EMALE	4. RACE BLACK	5. DATE 0 MONTH 03/1	DAY YEAR	6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS
5	MA	RYLAND	7b. CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIE WIDO <b>M</b> E		FREDER				W
4	FRE	TY OR TOWN OF DEATH  DERICK  AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET TREDERICK MEMORIAL OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADDRESS)			CCUPATION FOR MOST OF WORKI	ING LIFE) INI HOM	DUSTRY	F BUSINESS OR
5M	13a. S D	TATE 138 COUNTREDER	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?  FS. NO []  15. MOTHER'S MAIDEN NA	1421 TA	NEY AVE	CODE	2	21701
1	J		MED FORCES? 166 SOCIAL SECU	JRITY NO.	MARY EMMA	JOHNSON	ADDRESS		LAS'	r
/	NO "	NO	219-32-400		AURICE S. KIN	VG	BOX 30		APPROXI	HTLL RE
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	Jancsen  MOT RELATED TO THE TERM	rg.	TORCONDITION		PART 11	
29	CAL CERTIFICATION	19a. DATE OF OPERATION  2/2- & 7  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IFETHER NOTIFY MEDICAL EXAMINED	19b. CONDITION FOR WHICH    COLOR   TO COLOR	OPERATION OF		20a AUTO	PSY? 20b. IN CI	IF YES, WER ERTIFYING YES	RE FINDIN CAUSES	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospi	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.)  tol)_ottended the deceased from_		21f LOCATION STREET		CITY OR TOWN	19.	OUNTY	STATE that (II (we) los
		NICHOLAS	p · J 0 7 l S		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL	STAFF PHYSICIAN	2	2c. DATE	SIGNED
1	23a 8	NICADLAS  BURIAL, CREMATION, REMOVAL  SPECIFY)		NAME OF C	29.W.7	23d LOCA		en'er		STATE
		Burial	6/12/87 Bu	shy	Park Cem.	Cool	ksville	e How	ard	m d

Libertytown, Md.

24 FUNERAL DIRECTOR
D.D. Hartzler

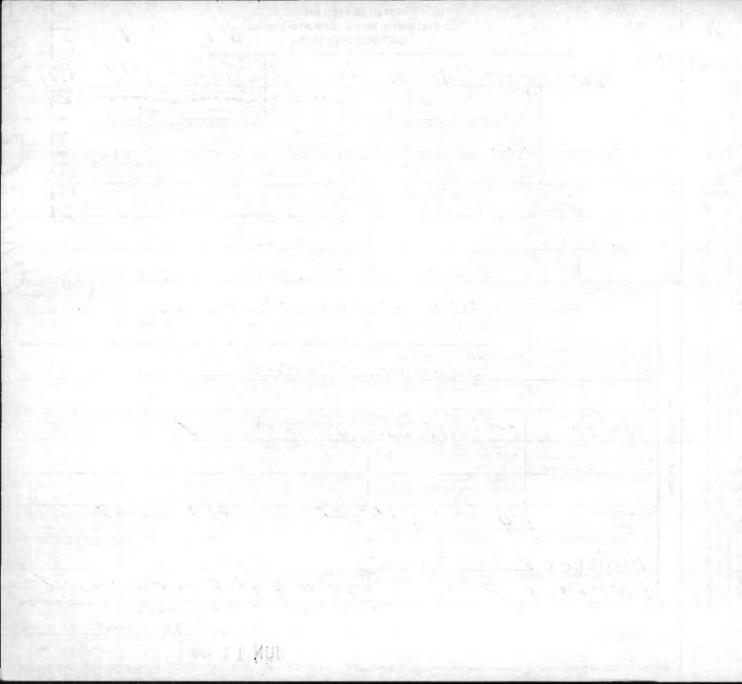
Bushy Park Cem. Cooksville Howard md

250. DATE REC'D. BY REGISTRAR'S SIGNATURE
DETTY TOWN, Md. JUN 11 1987

DHMH - 16 60M 7/84

attending physical

(VRA 15, 4)



15 Ju	1 ~	FOR STATE REGISTRAR			CERTIFIC	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	8	REG. NO.	7 4	0 6
poge 1		CEASED NAME FIRST A	ir ma tha	W.	HA	Harbaugh	20. DATE OF	June 9,	1987	26 HOUR P
ector. po	3 SE	x Female	4. RACE	e	5. DATE OF	DAY YEAR	6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	HOURS MIN.
25 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED		recity or county		M
led will	10. C	TY OR TOWN OF DEATH  Frederick	11. NAME OF H		G HOME OF	OTHER INSTITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WORKING LIFE SEWIFE		OF BUSINESS OR
3	USU 130	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Maryland Was	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET A	DDRESS / ZIP CODE 1 Box 35		19
10	A. FA	THER'S NAME John	MIDDLE W	West		15 MOTHER'S MAIDEN N	AME	WIDDIE	Shui	f
medico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES?  GIVE WAR OR DATES!	207-30		Mr. Harry	Masser	Box 367	idge Su Pa.	17214
9	CERTIFICATION	PART 2 OTHER SIGNIFICAN  CLUBS  19a. DATE OF OPERATION	raseuler	disesse	- :	OT RELATED TO THE TER  Aurile Silves  WAS PERFORMED	20a AUTOI	PSY? 206. IF YES	, WERE FINDI	MGS USED S OF DEATH?
orked or Item 18 shaw	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	P.A. PLACE (	M. MONTH DA M.	19	216 HOW INJURY OCCU		VO YES		NO STATE
		27a I certify that (I) (this has sow the deceased alive above, (Little ) (did) (did) 27b. SIGNATURE	n JUN	E 9 10 8		that in (my) (aur) opinion	-MEDICAL	STAFF PHYSICIAN		that whee last ecauses stated  ESIGNED  WF 9 19
IMPORTANT: IF	230. [	Ceorge I. Smi	th Jr.	23c. N		22e ADDRESS Home 31 W. Fatri METERY OR CREMATORY	wood Reck St.,	tirement C Frederick		21701
60M 7/84 5, 4)		Burial UNERAL DIRECTOR	6/12/ 2250 S.		sboro.	268	Thur	GISTRAR 256 REGIST	derick RAR'S SIGNA	

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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

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10.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		de de
	CEASED NAME OR PRINT) MILDI	PED)	F	MIDDLE	H	ense n	2a. DATE OF DEAU	MONTH D	AY YEAR	26. HOURS
3. SEX			RACE		5. DATE C		6. AGE IN HARLAST BE		FUNDER TYEAR	HOURS A
	Female		Whi	te	Oct.		81	YR5.	ONINS DATS	HOUNG A
	IRTHPLACE (STATE OR I	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	MARRIED   NEVER MARRIED		9 BALTIMORE CITY OF			
10 CI	Frederick	ATH 1	1. NAME OF I	HOSPITAL, NURSIN			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Administ:	OF WORKING LIFE	12b. KIND OF BUSINES INDUSTRY Private S	
13a. S	13a. STATE 13b. COU		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		E ADMISSION) VN 13d INSIDE CITY LIMITS?		13e STREET ADDRESS Prospect			
	John	H	lenry	tast Fill	-	15. MOTHER'S MAIDEN NA	MIDDLE		Stali	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE Y	PAR OR DATES)	166. SOCIAL SECU 218-09-1		20 Frederick	Sally Henser Ave., Free	1	Md. 2	21701
	18 CAUSE OF DEATH (Enter anly ane cau PART I. DEATH WAS CAUSED BY:		ane cause per	line for (a), (b), one	d (c+.1			BETWEEN	ONSET AND DE	
CERTIFICATION		NIFICANT CO				NOT RELATED TO THE TERM	28a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTI	OR CONTRIBUTING TO CAUSE OF DEATH MOUN A.M. MON			M. MONTH DA	AY YEAR	216. HOW INJURY OCCUR			RT   OR PART 2)	NO [
ME	WHILE NOT WE AT WO	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	OWN	COUNTY	STAT
	220.1 certify that (1) (this hospital) attended the degreesed saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death			6/18/19 5		nd that in (my) (aum) apinian	death accurred an the c	ote and haur	and fram the	
	Palue	tl.	Hugy	lue	4.		MEDICAL STA	FF CIAN []	6/1	8/87.
	22d. PHYSICIAN'S N	AME STYPE OF	PRINT	/		22e ADDRESS			,	
	1100.	ent	3587	o g usa		700 Montcl	aire Ave.,	Freder	ick, M	d. 217
	BURIAL, CREMATION, (SPECIFY) Buria.	_	23b. DATE Jone y	2, 1987 Di	ruid F	700 Montcl EMETERY OR CREMATORY Ridge Cemeter neral Home <sup>250. DA</sup>	23d LOCATION CITY OF TOWN Pikesvill	e, Bal	county timore	STAT Md

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FONERAL DIRECTOR, After this certificate has been should be detached for use as the burial transit permit. The with the State Dept. at Health and Mental Hygiene prior to

OR ATTENDING PHYSICIAN, The low

TO HÖSPITAL

BP.

retained by the haspital or ottending physician.

rending physician and completely filled in by the funeral director, page 30 mercanopares. Pages 1 and 2 should be filed with 172 hours ofter death on, are removal.

executed within 24 hours ofter death. Page 4

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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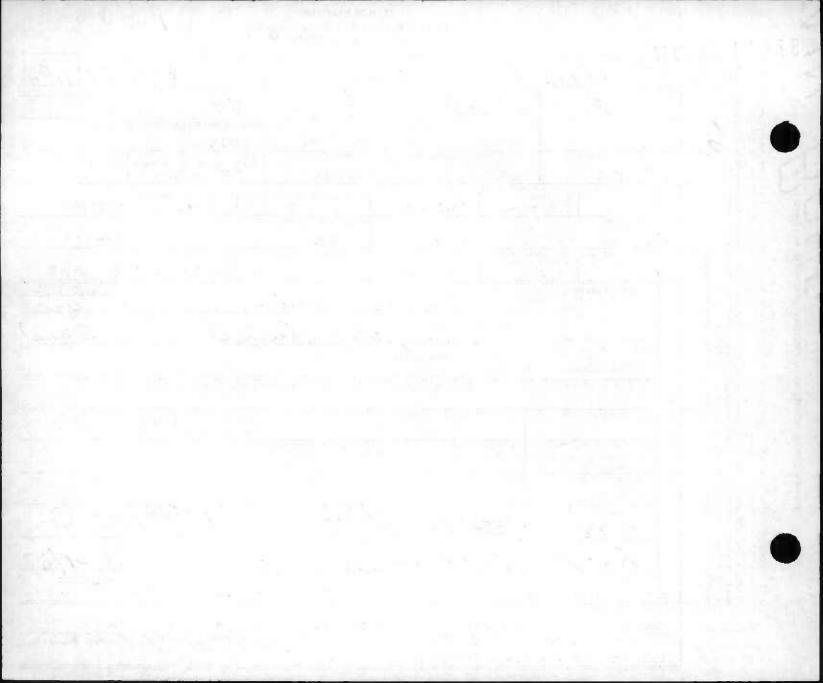
7 REGISTRAR		CLIVIII	TEATE OF BEATH	REG. N	IO.	
DECEASED NAME	MIDDLE	, ,	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
Chen	1-134	HUF	N9/		6-20-87	11-4
3. SEX /	4 RACE	S. DATE (		6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR	
/	mental	02	26 1913	74	YRS	HOOKS MI
O. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
JAPAN	TAIWAN	WIDOW		77 77 77 77 77 77 77 77 77 77 77 77 77	Χ	,
10. CITY OR TOWN OF DEATH FREDERICK	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O FREDERICK M	GIVE STREET ADDRESS)		120 USUAL OCCUPAT TYPE OF WORK FOR MOST HOUSEWII	OF WORKING LIFE! INDUSTRY	OF BUSINESS (
USUAL RESIDENCE (IF NURSING HOME 136, STATE 13b, COI FRE	INTY 13c. CITY	OR TOWN  CDERICK	13d Inside City Limit	39. STREET ADDRESS 7510 Love	/ ZIP CODE ly Court, 21	701
Motoyoshi	MIDDLE	last gahata	15. MOTHER'S MAIDEN FIRST Koto	NAME	(Unkno	wn)
60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDR	ESS	
no n/		-92-0712	Marie Wu	7510 Lovely	Ct. Frederi	ck,MD
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		ING TO DEATH BUT	NOT RELATED TO THE	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  170.1 certify that II (the hos	HOUR A.M. MONER P.M.  21e. PLACE OF INJURE (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CURRED (ENTER NATURE OF INJUNE OF IN	OWN COUNTY	, that (I) we) I e couses stated
22d PHYSICIAN'S NAME (THE Robert L. Kaufin			22e ADDRESS	MEDICAL STA	CIAN   6/	20/8 21701
230. BURIAL, CREMATION, REMOVA	The second second second	23c NAME OF C	CEMETERY OR CREMATO	DRY 23d. LOCATION		
CREMATION	6/22/87	Resthar	ven Mem.Gar	dens Frederi	ck Frederi	ck MD
24 FUNERAL DIRECTOR G. DO		ADDRESS		PH MCS BSEEDERAN	256 REGISTRATES CON	Villendoes

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospitol or ottending physicion

BP.



(VRA 15, 4)

## STATE OF MARYLAND

058880		-FOR 7 STATE REGISTRAR		CERTIFI	OF MARYLAND EALTH AND MENTAL BYG ICATE OF DEATH	REG. N		à
e 6 4		CEASED NAME FIRST	MIDOLE		ast		MONTH DAY YEAR	26 HOUR A.
oy be	3. SE.		rles W. JACI	SON,		June 29		7:00 M
age 4 mc rector. p	9	Male	White		. 10, 1910	76	MONTHS DAY	
deoth. Poureral di	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Laryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE		-	ick County,	MD.
by the fun-		Brunswick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 530 Brunswick	ADDRESS1		(TYPE OF WORK FOR MOST OF Farmer	F WORKING LIFE) INDUSTR	of BUSINESS OR Y
filled in rould be	13a S	STATE 13b. COU	rother institution, give residence before NTY 13c, CITY OR TOW ederick Brunsw	N I	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 530 Brus	zip code nswick Stre	et, 21716
ompletely ond 2 sk	14. FA	Tilman He	nry Jackson		15. MOTHER'S MAIDEN NA/	WIDDLE	iola	Grable
Poges 1	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU XEWAR OR DATES) 2111-10-1		Mrs. Ellen	ADDRE P. Jackson,	530 Brunswick	ick Street
physicia npapers maxol.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), one ED BY: (TE CAUSE (o)	1	eh		APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
d by her code (code) of code (code) of code (code) of code (code) of code (code) or code (code) or code (code)		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	2100	Heat De	lan		
equires in signe Then p r to bur injury.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	retim	· Hent F	INAL DISEASE OR CON	DITION GIVEN IN PART	110.
he low roon.  has been to permit.  tene prio	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH	PPERATION	N WAS PERFORMED	20a AUTOPSY? YES □ NO[V]	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	
PHYSICIAN: The ending physicion this certificate he buriol-transit p and Mental Hygien d or Item 18 should be a person of the property of the		2)a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (FINTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?	
NG PHYSICIA attending phyfire this certificate this certificate the buriel-th and Mental arked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATENDIN spital or STOR: Af for use a of Health		sow the deceased alive a	The street was a street with the street was a street with the street was a street was a street with the street was a street with the street was a street was a street was a street was a street with the street was a		d that in (my) (our) opinion o	, to deoth occurred on the d	19	., that (I) (we) lost ne causes stated
AL OR A the hos AL DIREC detoched ste Dept. IT: If Item		22b. SIGNATURE	to Pearce)	C	ATTENDING PHYSICIAN	MEDICAL STA	FF	TE SIGNED
TO HOSPITAL of the control of the co		Dr. A. Aust		M.D.	804 Toll Hor	use Ave., F	rederick, M	d. 21701
PP		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY Livet Cemeter	23d LOCATION CITY OR TOWN TY Frederic	ck, Frederic	ck. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	74. F	emith, Keene	y and Basford		25a. DAT		25b. REGISTRAR'S SIGN	ATURE

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07/84 25M

5 0

	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
ΛE	DICAL EXAMINER'S CERTIFICATE OF DEA	TH

7	13	n
	(in)	
REG NO.		

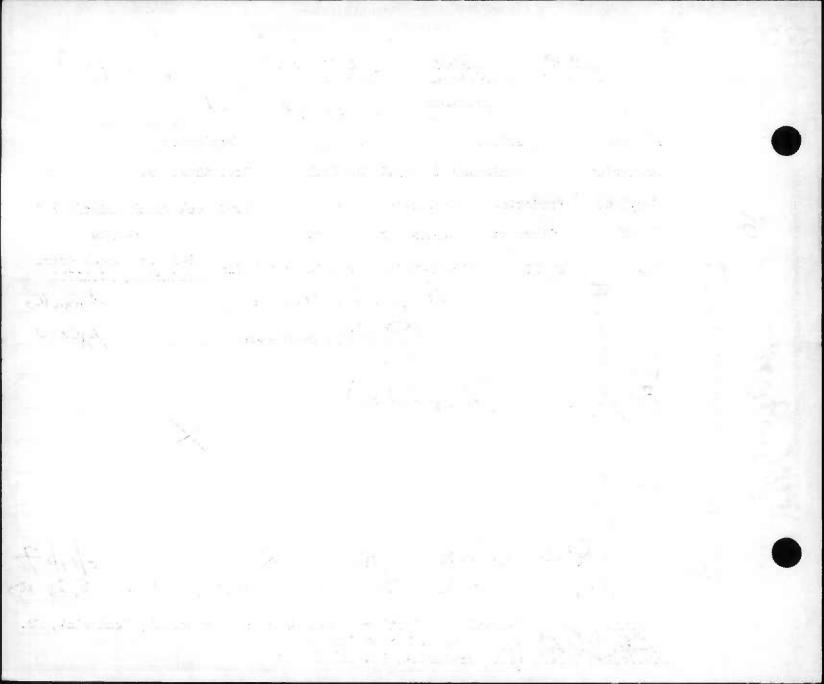
-			WOODK RACE AU	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UNDER	COISS	DE. 24 HRS. 2c [	ATE KNOWN PER STILL ATH MATED (	month .	18 19 87 DAY YEAR
	lar	Hagersto cyland	own.	76 CITIZEN OF W		8. MARRIED WIDOWED		9. BA	LTIMORE CITY	EDE	18 19 87 Y OF PEATH KI CK
F	TE	ederick RESIDENCE (IF 8	N NURSING HOME O	(IF NOT IN SUCH F Freder:  OR OTHER INSTITUTION, C	ick Memoria  GIVE RESIDENCE BEFORE ADMIS	1 Hospi	tal	Mach Mach	inist	THE OF WORK	U. S. G
	FAT	rland HER'S NAME FIRST	Fred	lerick	Brunswic  Jacobs	k YI	MOTHER'S MAIDER		Orndor.	ff Cou	rt 21
1 160	. WA	AS DECEASED E', NO, OR UNKNOWN		MED FORCES? WAR OR DATES)	705-10-L		Margaret INFORMANT Lugene A.	111			ehanna 1. 21220
OK KE		gave rise	if any, which to immediate ating the <u>under-</u> ast.	(b) DUE TO, OF	r as a consequenci	E OF					
CKEWAIIOIN OK RED		gave rise cause (a) sto lying cause I PART 2 OTHER SIGNIF	ta immediate tring the under- last.	DUE TO, OI	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR (		T l la			
CEPTIGO A LONG TO A LONG T		gave rise cause (a) sto lying cause I	ta immediate thing the under-lost.  ICANT CONDITIONS OPERATION 1987  AUSE WAS	ONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CERATION WAS F	PERFORMED?		OF INJURY IN ITEM 1	S PART I OR PAR	20 AUTOPSY? YES
	MEDICAL CERTIFICATION	gave rise cause (a) sto lying cause I	icant conditions of the underlost.  ICANT CONDITIONS OF THE UNDERLOST OF T	ONTRIBUTING 10 DEATH  19b. COND  21b. TIME CHOUR A./ DEATH  21c. PLACE	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CERATION WAS F	PERFORMED?	) (ENTER NATURE	OF INJURY IN ITEM 1:	B PART I OR PAR	YES T
MANTICAND, 21201 PROCK TO BURNET.	MEDICAL CERTIFICATION	gave rise cause (a) stock bying cause I	TALLER TO SET OF LAND CONTROL	ONTRIBUTING TO DEATH  19b COND 21b TIME C HOUR A.I 21c PLACE STREET, FAC	H BUT NOT RELATED TO THE TE  OF INJURY M. MONTH DAY YE. M. 19  OF INJURY (ATHOME.  CTORY, FARM, ETC.)	RMINAL DISEASE OR OF COMMENTAL PROPERTY OF THE PROPERTY OF T	PERFORMED?  1 4  INJURY OCCURRED  Inspection  Hamicide	CITY Undetermine	or town	cou and in my ap	YES TO THE TENT OF
MARTICAND, ZIZUT PROK (OBUGAL),	MEDICAL CERTIFICATION	gave rise cause (a) stock (b) ing cause (b) ing cause (c)	TA immediate atting the underlast.  ICANT CONDITIONS OF THE ACT OF	ONTRIBUTING 10 DEATH  19b COND  21b TIME CHOUR A.I.  DEATH  21c PLACE STREET, FAI	H BUT NOT RELATED TO THE TE  OF INJURY M. MONTH DAY YE. M. 19  OF INJURY (ATHOME.  CTORY, FARM, ETC.)	RMINAL DISEASE OR OF CERATION WAS FREE TO THE CONTROL OF THE CONTR	PERFORMED?  MA  INJURY OCCURRED  ION  Inspection  Hamicide	CITY  Undetermine	or town  Juiry . a  ed manner  EXAMINER  Freder	cou and in my op , , DATE SIGNEI	YES TO THE PROPERTY OF THE PRO

25 Étét- 01 - 3 - 2 U.S.A. × erequesion . Frederick demontal Mospanal Inchinist 10.5. Com. Stryland Francick Branchick w - 10mb Crn. off Comt. 21715 Jennia dengarak acooly

705-12-1598 Eugens . Fouch Billister Ms. 21220

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5 7 3 6 6 JUN 23	03	FOR STATE REGISTRAR			CERTIFICATE	AND MENTAL HY	REG. NO		1400
noy be poge 3		ORPRINT) JAME	S CLA	LARENCE Revo-e		MES, JR.	20 DATE OF DEATH	6 1787	7 Phour
Poge 4 mor	3 SE	MALC -	4 RACE	ucasian	1.0	DAY YEAR!	6 AGE (IN YEARS LAST BIRTI	YRS DAY	YS HOURS MIN.
nerol din 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY) Alabama	76. CITIZEN OF		MARRIED   NI	EVER MARRIED   DIVORCED	9 BALTIMORE CITY OF	RCOUNTY OF DEATH	MD.
by the fundified with		ty or town of death Frederick	Frede	HOSPITAL, NURSING CHEACIUTY, GIVE STREET ADD TICK Memor	ial Hosp		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Alum.	WORKING LIFET INDUSTR	None
A hour led in world be mostly be	USU. 13a.	AL RESIDENCE (IF NURSING HOMITATE 13b CC	ederick	13c. CITY OR TOWN Frederic		SIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE Creek Driv	e/21701
MARYL Popularia		THER'S NAME  James (	lärence	James,		THER'S MAIDEN NA		Counts	
riMORE,	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT		ormant . Helen C		SRock Cree lerick Md.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate entering manner of the design of the contending physician.  After this certificate has been signed by the attending physician transported in by as the burial strongs permit. Then please remove carbanpaper transported thy given prior to burial, cremation, or removal.  The analysis of the please prior to burial, cremation, or removal.  The analysis of the please prior to the please transported to the medical examiner massible in orded or them 18 shows any injury, or other troumatic event, the medical examiner massible in orded or them.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_ DUE TO, C (c)_ NT CONDITIONS &	OR AS A CONSEQUENT OR AS A CONSEQUENT ONTRIBUTING TO DE	CE OF		WINAL DISEASE OR CONE  200 AUTOPSY?  YES \( \text{YES} \)	20b. IF YES, WERE FINING CAUS	DINGS USED
DIVISION OF VITA  O HOSPITAL OR ATTENDING PHYSICIAN: TI etonned by the hospitol or ottending physici TO FUNERAL DIRECTOR. After this certificate should be detached for use as the buriol-transi w.ih the State Dept. of Health and Mental Hygi MAPORTANT: if them 21 is marked or them ill ship	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 218. INJURY OCCURRED  WHILE NOT WHILE AT WORK 228 I certify that (I) (this has sow the deceased alive obove, (I) (we) did (deceased State of the Contribution) 228. SIGNATURE 228 PHYSICIAL NAME (19)	DEATH HOUR A P 21e PLACE [AT HOME 5] on_ not) view the bad	.M. MONTH DAY .M. OF INJURY REEL FACTORY OFFICE FARI he deceosed from	YEAR 19 711 LC		CITY OR TOV	19	STATE  _, that {I\ {we} lost
₽₹ ₽#3 <b>≥</b> ₹	230	Burial, Cremation, remov	AL 236 DATE 6-19-	1987 Re:	sthaven	yorcrematory Mem. Gard	23d LOCATION CITY OF TOWN ens Freder	rick, Frede	rick, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	74 F	E.DAILEY & SC	N, P.A.	1201 N. M. Frederick	arket St , Md. 21	701 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	JATURE



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injury, or oth

IMPORTANT: If Item 21 is

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CERTIFICATE OF DEATH		G. NO.	-	Ent	
RTMENT OF HEALTH AND MENTAL HYGIENE	7	7	7	but	

1187S1	TATE EGISTRAR			DEFARIM	CERTIF	ICATE OF D	EATH	8 /	REG. NO.	/	the s	En .
I FE OR I	SED NAME	FIRST	1	AIDDLE	i	LAST		2a. DATE OF D	EATH MON	TH DAY	YEAR	26 HOUR
THE OR		TRICI	A A	INN	K	CYSER		Joue	- 24	198	7	DOST AM
3. SEX			RACE		5. DATE C			6. AGE (IN YEA			UNDER I YEAR	IF UNOER 24 HRS
FF	EMALE		WHITE		MONTH	9 OAY	1937	49			VIHS DAYS	HOURS MIN.
7a BIRTH	IPLACE (STATE OR F	OREIGN 7b.		WHAT COUNTRY?	R			9 BALTIMORI	CITY OR CO	YRS.	FDEATH	
N	1D		USA		WIDOWE		ORCED	FREDER	RICK			MD
10. CITY	OR TOWN OF DEA	TH 11	. NAME OF H	HOSPITAL, NURSING	G HOME (	OR OTHER INSTI	TUTION	12a USUAL OC		RKING (IEE)	12b. KIND O	F BUSINESS OR
FF	REDERICK			ICK MEMOR		HOSPITAL		HOUSEW			INDUSTRI	
USUAL R		NG HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CI		13e.STREET AC		CODE		
MD		FREDE		FREDERIC			NO X				b D d	21701
	ER'S NAME				10	15 MOTHER'S	- 21	ME	u ried	eric	K Ku.,	21/01
CE	EORGE	WIO		CMTTIII			IRST		MIOOLE		LAS	
	DECEASED EVER	IN II S ARME		SMITH  16b SOCIAL SECUE	PITY NO	HELE 17 INFORMAN		P	ADDRESS			NDSAY
(YES, I	NO OR UNKNOWN)	(IF YES, GIVE W									derick	
NC	)	N/A		218-34-	4163	WILLIAM	I G. KE	EYSER 9	918 01	d Fr		k Rd.
g	onditions, if any, ove rise to imm ouse (o), statin nderlying couse	rediote	(b)	AS A CONSEQUE	3100		= (0) 4	1000	eu,	65	3	71.3
PA	ART 2 OTHER SIGN	HEICANT COM	UDITIONS CO	INTRIBUTING TO D						NAL CIVENI	IN L DADY 1	
Z	W. Z. OTTER OIO	III ICAINI COI	TOTAL CC	MATRIBOTING TO D	LAIII BOT	NOT KELATED	IO THE TERM	MAL DISEASE	JR CONDITIO	N GIVEN	IN PART III	
CERTIFICATION 13-15	DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFOR	MED	20a AUTOP	SY? 20b	. IF YES, W CERTIFYIN YES [		IGS USED OF DEATH?
- 00	ACCIDENT WAS UND CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A./	A. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATU	RE OF INJURY IN IT	TEM 18 PART	I OR PART 2)	
~	INJURY OCCURR		21e. PLACE O	OF INJURY		21f LOCATIO	N					
<b>₹</b> w	WORK NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC )	STREET		,	CITY OR TOWN		COUNTY	STATE
220	I certify that (1)		ottended the		27			2 , to	-/2	7, 19.		those (we) lost
	sow the decease obove (1) we) (	d alive on id/ did not) v	iew the body	ofter death.	, ог	nd that in (Gy) (	our) opinion	deoth occurred	on the date o	nd hour or	nd from the	couses stated
2,24	SIGNATURE		>	1		DEGREE					22c. DATE	SIGNED
	1-9		6	la mas			TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		6/	24/97
220	. PHYSICIAN'S NA	ME (TYPE OR PR	INT)			22e ADDRESS						1

GREGORY RAUSCH

West 7th St. Suite 7

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 6/26/87

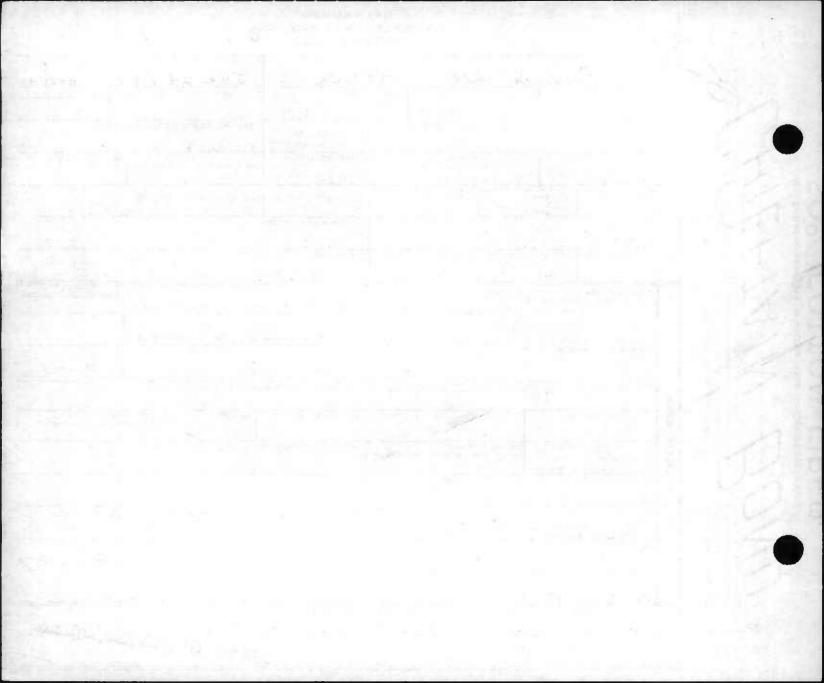
74 FUNERAL DIRECTOR G. DOUGLAS STAUFFER

1621 Opossumtown Pike, Frederick, MD 21701

Resthaven Mem. Gardens Frederick Frederick MD 250 DATE RECID. BY REGISTAL 254 REGISTAL ATOME 250 DATE RECID. BY REGISTAL ATOME 250 DATE RECIDENCE ATOME 250 DATE RECIDENCE ATOME.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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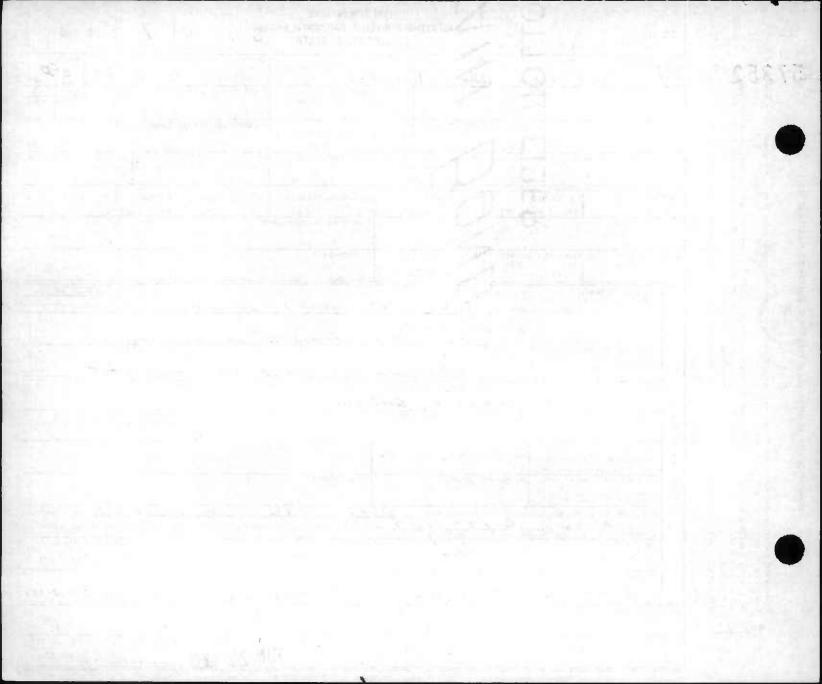


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

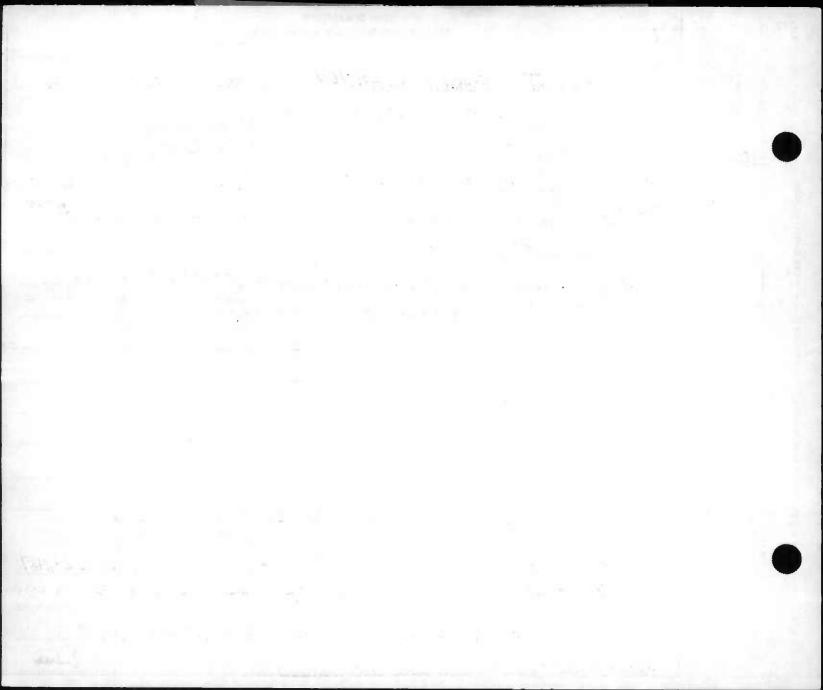
FOR

- STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician and completely filled in by the Timeral director, page 3 should be detached for use as the burnol-tronsit permit. Then please remove, corbon pages 1 and 2 should be filled within 72 hours after death with the Stock Dept of Health and Mental Hygiene prior to burnol, cremation, or removal.  MRORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examine must be nevited as or injury, or other traumatic event, the medical examine.
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[U5/	908	Jul 2	912	FOR STATE REGISTRAR			DEPART	MENT OF F	EALTH AND MENTAL HYC	GIENE 8 / REG. N	0. 1 7	4	1 4
	. 84			EASED NAME FIR	-		MIDDLE	10	NNON	20 DATE OF DEATH	MONTH DA		25 HOUR
	oy be				oek		MARION	LH		1 444.2	4 1987		4:00 PM
	Page 4 may be director, page 3		3. SEX	MALE	ľ	RACE WH	ITE	JUNE		6. AGE (IN YEARS LAST BI	YRS MC	UNDER I YEAR	HOURS MIN.
	eoth. Po	85		ETHPLACE (STATE OR FOREK		L CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWI	DXX NEVER MARRIED	FREDERICK		OF DEATH	MD.
50	by the	64		Y OR TOWN OF DEATH EDERICK	1	I. NAME OF	HOSPITAL, NURSI ICK MEMOR	NG HOME ( TADDRESS) TAL HO	OR OTHER INSTITUTION  OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST RETIRED GE	ION OF WORKING LIFE)	INDUSTRY	RUCTTONCO
BALTIMORE, MARYLAND 21201	othin 24 hour stely filled in b	0	130 5	NANANA FE	COUNT	THER INSTITUTION	GIVE RESIDENCE BEFO	VN	13d Inside City Limits?	13. STREET ADDRESS 516 GATEWAY	/ ZIP CODE	HER SALV	21788
MARYL	ed with	/ Common	14 FA	THER'S NAME HAIRRY	ALÉ	ÄNDER	LÂNN	ON	15 MOTHER'S MAIDEN NA MOTTE	MIDDLE	STALNAK	ER	Т
ORE,	e execut			(AS DECEASED EVER IN U		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR		21788	
TIM	. 0				1 11		220-10-	U. I.	NORA LANNON	516 GATEWAY	WEST T		
VST., BAL	oth certificate by anding physicial	e e		18 CAUSE OF DEATH (E) PART I. DEATH WAS ( IMM		one couse pe BY CAUSE (o)	r line for (a), (b), o	de (	fortic an	mys		BETWEEN	MATE INTERVAL ONSET AND DEATH
ESTON	deoth cer	troumotic		Conditions, if any, wh		DUE TO, (b)_	DR AS A CONSEQU	JENCE OF					
W. PR	that the	other		gove rise to immedia couse (a), stating underlying couse la	the	DUE TO, (	DR AS A CONSEQU	JENCE OF					
RDS, 20	equires n signed Theo of	n to bu	NO	PART 2 OTHER SIGNIFIC	ANT C	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 11	)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	on.	shaws ony i	CERTIFICATION	19a DATE OF OPERATION	i	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
OF VIT,	SICIAN: The ng physicion certificate ho	Mentol Hygiene		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DE AT	HOUR A	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN IÎÊM 18 PAR	T I OR PART 2)	
VISION	G Protein	olth ond Me morked or II	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK			OF INJURY TREET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
۵	TOR. A	of Heal		220.1 certify that (1) (this saw the deceased o above, (1) (we) (did) (	ive on	6/2-	19	87.0	nd that in (my) (our) apinion				that (I) (we) lost couses stated
	OR ATTENS se hospitol DIRECTOR	TANT: If Item		22b. SIGNATURE	did nor	\	y offer deoffi.		DEGREE			22c DATE	SIGNED
	TAL C	Z Tote		5		<u> </u>			ATTENDING PHYSICIAN [	MEDICAL STA		JUNE	. 24,1987
	O HOSPITAL etoined by the	with the Stote		22d PHYSICIAN'S NAME	TYPE OR				335 Pan	- overse	( F-2	inch )	10512
		n 5 ≤ 1		URIAL, CREMATION, REM	OVAL	23b DATE			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
	BP	_	$oxed{}$	BURIAL INERAL DIRECTOR		JUNE 2	26 1987 <u> </u> RC	OCKY G	AP VETERANS C	EMT FLINTS JE REC'D BY REGISTRAI		LEGAN	11111
	DHMH - 16			NAME	mm	CT D TOTO A	ADDRES5			UN 2 6 1087	1 / / -	- A	Rendals
	(VRA I	3, 4)		SILCOX-MERRI	TT	FUNERA	L HOME CL	MBERL	ND MARYLAND	-11-0 1307	10		



- STATE

CERTIFICATION

MEDICAL

MPORTANT: If Item 21 is morked or

DHMH - 16 60M 7/B4

(VRA 15, 4)

PART I. DEATH WAS CAUSED BY:

REGISTRAR

STATE	OF M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	3 /			ding.	1 0	2	
	RE	G. NO.			10.4	ez	
	2a. DATE OF DEA	TH MONTH	DAY	YEAR	2b HOL	JR	
	June	11:45					
7	AGE (IN YEARS LAST BIRTHDAY)		IF UND	IF UNDER 1 YEAR		IF UNDER 24 HRS	
	60		MONTHS	DAYS	HOURS	MIN.	

(TYPE OR PRINT)	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOU	R
(TTPE OR PRINT)	Heler	Louise	LAWRENCE	June 18, 1987		11:45	
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
Female		White	June 10, 1918	69 YRS	MONTHS DAYS	HOURS	MIM
	OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
Marylan	d	U.S.A.	WIDOWED DIVORCED	Frederick	County	,	٨
10. CITY OR TOWN OF D	DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		12a. USUAL OCCUPATION	12b. KIND O	FBUSINE	SSO
Frederick		1421 Taney Avenue		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home		е	П
USUAL RESIDENCE (IF NO	URSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)				

Maryland	Frederick	Frederick	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD	nue, 21701
14. FATHER'S NAME  Tra	MIDDLE 8	tottlemyer	15. MOTHER'S MAIDEN NA	WE	Bell.
160. WAS DECEASED EVER	I HENCE CHICANA CORDITION	166. SOCIAL SECURITY NO. 212-30-5453	Mrs. Dorothy	Bratt, Raltimor	dlawn Drive
18 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				

	IMMEDIATE CAUSE	10) Camac ane	<u>5'</u>	
Conditions, if ony,	DUE which	TO, OR AS A CONSEQUENCE OF	cardiovascular disease	app. 10 yrs
gove rise to immo couse (o), stating underlying couse	ediote	TO, OR AS A CONSEQUENCE OF	- thus of later On is	am loyer

20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES |

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

Mare 22a I certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

obove, (I) (we) (and) (did not) view the body ofter death 22c. DATE SIGNED DEGREE MEDICAL ATTENDING STAFF

22e ADDRESS Dr. Ralph L. Michels, M.D.

PHYSICIAN

DIRECTOR PHYSICIAN

601 Toll House Ave., Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL

Cremation June 20, 19\$7 Smithsburg Crematory Smithsburg Washington

106 East Church Street, Frederick, Md. 21701

24 FUNE THE PRECION eeney and Basford Tuneral Home

THE SECOND WITH THE SECOND DE STATE OF THE SELECT School and State of the State o the state of the private state of the state Begin to a secretary with the design of the second ext 1 gr give Dodah day of a reason by Kente Synch St. June S Synch 18-91-3 CH 222 JULY The state of the s . The state of the 

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should be detoched for with the State Dept. of h

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FUNERAL DIRECTOR: After this certificate has bee

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IMPORTANT:

CERTIFICATION

MEDICAL

WHILE

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DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	7 4	1 6
WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
EUGENE		LYNN	6/1	2/87	12:100 M
te	5. DATE C	PF BIRTH 20, DAY 1924 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  63 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
OF WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
SA	WIDOWE		Frederick Cou	mi z	MD
	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CONDUCTOR	126. KIND ( LIFE) INDUSTRY	OF BUSINESS OR
ion, give residence before 13c. CITY OR TOW Brunswic	N	13d. INSIDE CITY LIMITS? YES MO O		ie / 217	
LAST		FIRST	Roxanne	COO	per
Lynn  S? 166. SOCIAL SECU	PITY NO	EVa.		4 Park	
I 217-12-28		Vivian V. L			
per line far (a), (b), and	Un	gestive hear	t failure		KIMATE INTERVAL ONSET AND DEATH
, OR AS A CONSEQUE	NCE OF	chemic New	t diverse		
, OR AS A CONSEQUE	ENCE OF				
CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1	la
ndition for which	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDI	

PART 2. OTHER SIGNIFICANT CONDITIONS CON 19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

underlying cause

Canditians, if any, which

gave rise to immediate cause (a), stating

REGISTRAR 1. DECEASED NAME

Lec

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G 130. STATE

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:

4. RACE

Frederick

MIDDLE Luther

( IF YES, GIVE WAR OR DATES)

World WarII

IMMEDIATE CAUSE (a)\_\_\_

White

USA

76. CITIZEN OF W

11. NAME OF HO

(IF NOT IN SUCH

Frederi

DUE TO, OR

DUE TO, OR

(c)\_

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

(b)\_\_\_\_

TYPE OR PRINT

Male

a. BIRTHPLACE (STATE OR FOREIGN Marvland

CITY OF TOWN OF DEATH

Lewis

(YES, NO OR UNKNOWN)

Frederick

Maryland

14 FATHER'S NAME FIRST

Yes

3. SEX

19b. CONDIT

MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE)

RY IN ITEM 18 PART 1 OR PART 21

COUNTY

211 LOCATION STREET

STATE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an above, (1) twe) (did) (did not) view the bad/ after deoth.

(our) apinian death accurred an the date and haur and fram the couses stated 22c DATE SIGNED

6

CITY OR TOWN

ATTENDING MEDICAL MEDICAL PHYSICIAN PHYSICIAN

22d PHYSICIAN'S NAME (TYPE

NOT WHILE

AT WORK

22e ADDRESS VMAREllo

Frederick Memorail Hsopital - Frederick, Md.

STAFF

23g. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY Park Heights Cem

DEGREE

23d. LOCATION CITY OR TOWN Frederick, Brunswick,

24 FUNERAL DIRECTOR

22h SIGNATURE

John T. Williams Funeral Home Brunswick, Md.

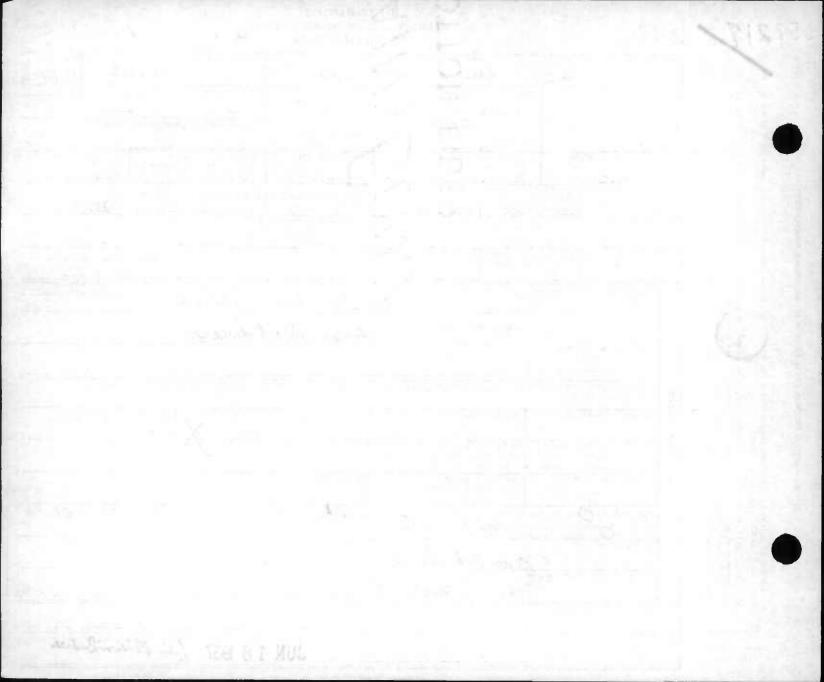
6/15/87

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BY REGISTRAR 256, REGISTRAR'S SIGN Aulia Davidson- Ka

BP.



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	wg	4	
3		2	
	REG. NO.		
			 $\overline{}$

8	REG. N	10.	7	a.j	1	
ATE C	OF DEATH	MONTH	DAY	YEAR	26 HC	UR

REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	4O.	1 200	
DECEASED NAME  YPE OR PRINT)	VIAN		DLA	•	LGNN	6/28/8	MONTH	DAY YEAR	26 HOUR 12:48 PM
sex female	4. R	White		5. DATE O		6. AGE (IN YEARS LAST B		IF UNDER I YEAR MONTHS DAYS	
BIRTHPLACE (STATE OR COUNTRY), VIrginia	FOREIGN 76		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	P BALTIMORE CITY	_		MD.
CITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET ICK MEMOT	ADDRESS)	Hospital	120. USUAL OCCUPATION OF WORK FOR MOST COOK		E) INDUSTRY	aurant
SUAL RESIDENCE (# NUR: STATE Maryland	13b COUNTY Frede:		GIVE RESIDENCE BEFORE 134 CITY OR TOW Brunswic	N	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 724 Park			16
FATHER'S NAME FIRST  Clark WAS DECEASED EVER		clair	McGaha		Edith	Lude			oots
(yes, no or unknown) NO	(IF YES, GIVE WA		215-20-7			/nn – Jeffe	rson,	Md. 21	of Rocks 755
Conditions, if any gove rise to im cause (a), statis underlying cause	mediate ng the	(b)	R AS A CONSEQUE R AS A CONSEQUE	Mye	norwall m	ryocardia,	'infa	retion	
PART 2. OTHER SIGNATE OF OPERA					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDS	INGS USED
210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A P.,	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 P	PART   OR PART 2)	
21d. INJURY OCCUR  WHILE DOT WE AT WORK	HILE [	21e. PLACE ( (AT HOME STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	( ITY OR I	OWN	COUNTY	STATE
sow the deceas above (1) (we)	ed olive on	(-	128 19 8	39	6/25 19 87 and that in (m) (our) apinion	death occurred an the	date and hav	19 27	that ()(we) last e causes stated
226 SIGNATURE	John	A. Vi	tarello	mo		MEDICAL STA	AFF ICIAN 🗌	22c. DATE	ESIGNED
118 LLI 34 1454 3 54	TITTE OR PRI	INI J			22e ADDRESS				

A. VITAREllO ML

Williams Funeral Home Brunswick, Md.

should be detoched BP.

FUNERAL DIRECTOR:

DHMH - 16 60M 7/84

m 18

MPORTANT: If Ite

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 7/1/87

24 FUNERAL DIRECTOR

FOR

23c. NAME OF CEMETERY OR CREMATORY Park Heights Cem.

Frederick

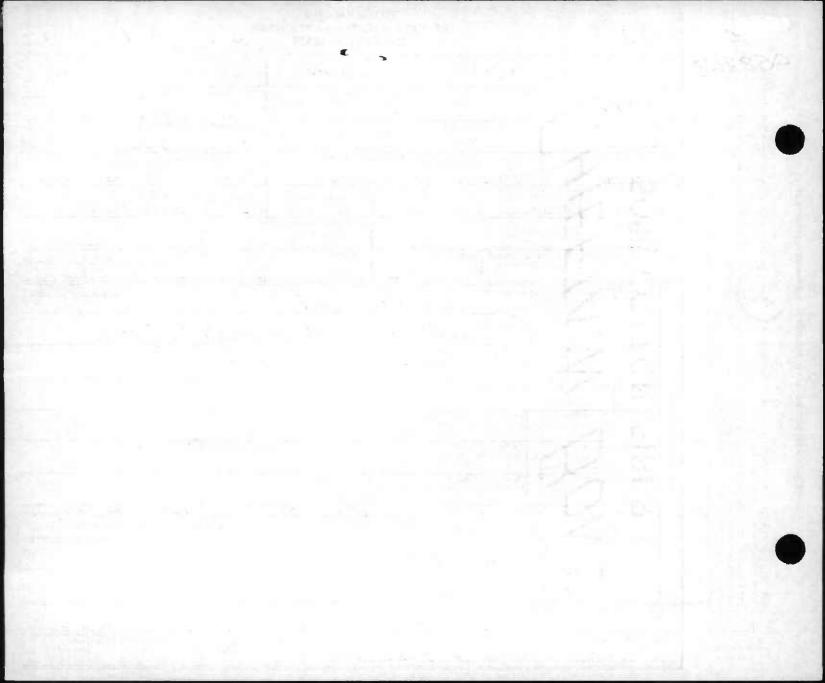
23d LOCATION CITY OR TOWN

FREDERICK, Md.

Brunswick,

250. DATE RECD. BY PS CISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)



159003

completely filled in by the funeral director. I and 2 should be filed within 72 hours oft

executed within 24 hours after

certificate be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	7	28	
6	- 1		Grade B	20
REG. NO.				

(TYPE	ECE ASED NAME PE OR PRINT)	FIRSTMade		MIDDLE C.	1	HER	20. DATE OF DEATH	MONTH DA	20-
3. SE:		D & 2 12 C	RACE	/	GAH?		6 AGE LIN YEARS LAST BI	RTHDAY1 IF	UNDER I YEAR OF UNDER 24 H
J. JE.	Female	ľ	Whi	te	MONTH		92		ONTHS DATS HOURS M
	COUNTRY) ennsylvani			WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY 9		
	rederick	ATH 11	. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT LIVPE OF WORK FOR MOST Registered	OF WORKING LIFE)	126 KIND OF BUSINESS INDUSTRY Medical
130 5	JAL RESIDENCE (IF NURS STATE I <b>arylsn</b> d	136 COUNTY Frede	Υ	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Freder	/N .	13d. INSIDE CITY LIMITS?	31 West I	/ ZIP CODE Pattick	St., 21701
14 FA	ATHER'S NAME FIRST Frank	WIE	DOLE	LAST Maher		15 MOTHER'S MAIDEN NA/ FIRST  Ann	a.		Moore
		(IF YES GIVE W		076-07-8		3225 Mulberr	vid NewellI y Muscatir	ne, Iow	a 52761
	Conditions, if ony, gove rise to improve couse roll, stotic underlying couse	mediote ng the	(b)_	r as a conseque r as a conseque					
ATION	gove rise to immodule to the couse (a), stotic underlying couse	nediote ng the lost	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM			
TIFICATION	gove rise to imm couse (01, statin underlying couse	nediote ng the lost	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES   NAX	20b. IF YES, V	WERE FINDINGS USED ING CAUSES OF DEATH?
ICAL CERTIFICATION	gove rise to immodule to the couse (a), stotic underlying couse	mediate ng the lost NIFICANT CO	DUE TO, OI  (c)  19b COND  19b COND  19b COND  ADDITIONS CO	R AS A CONSEQUE	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?  YES NATA	20b. IF YES, V IN CERTIFYI YES	WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICAL CERTIFICATION	gove rise to improve the couse to the couse to the story of the couse	mediate ng the ng the lost NIFICANT CO  TION  DERLYING CAUSE OF DEATH CAL EXAMINER] RED	DUE TO, OI  (c)  19b COND  19b COND  21b. TIME O  HOUR A.  P.  21e. PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	DEATH BUT  OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NATA	20b. IF YES, IN CERTIFYI YES	WERE FINDINGS USED NG CAUSES OF DEATH?
	gove rise to improve the course iot, storing underlying course part 2 other sign 190 date of opera 21d. Accident was unit or contributing 1 difference in the contribution of the course of	mediate g the lost NIFICANT CO TION  DERLYING CAUSE OF DEATH CALEXAMINER; RED (this hospital ed alive on education	DUE TO, OI  (c)  INDITIONS CO  19b COND  21b. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME STE	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET FACTORY, OFFICE F  THE deceased from  19	OPERATIO  AY YEAR  19  PARM ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJI	20b. IF YES, IN CERTIFYI YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
	gove rise to improve the couse into	mediate g the lost lost NIFICANT CO TION  DERLYING CAUSE OF DEATH CAL EXAMINER)  RED (this hospital ed alive on did) (defiat)	DUE TO, OI  (c)  INDITIONS CO  19b COND  21b. TIME O HOUR A. P. 21e. PLACE: (AT HOME STE	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET FACTORY, OFFICE F  THE deceased from  19	OPERATIO  AY YEAR  19  PARM ETC.)	21t. HOW INJURY OCCURR 21t LOCATION STREET  19 d that in (A) (our) opinion of	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJI	20b. IF YES, IN CERTIFYI YES  URY IN ITEM 18 PAR  OWN	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR. After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please remove cay with the State Dept. of Heolth and Mental Hygiene prior to burial, crematian, as

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

Smithsburg, washington, Mo.

Cremation 7-1-1481/ Smithsburg Crematory Smithsburg, Washington,

14 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 250. Date RECU. By REGISTRAR'S SIGNAPLES

106 East Church St., Frederick, Md. 21701

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# STATE OF MARYLAND

DEPAR	CERTIFICATE OF DEATH	YGIENE 7	NO.	7	4	1 9	
	LAST	20. DATE OF DEATH	HTMOM	OAY	YEAR	26. HOUR	A
am	MASSER	June 20,	1987			6;12	М

FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8	REG. N	0.	7 4	19
1. DECEASED NAME FIRST	1179	MIOOLE	t.	AST .	20. DATE C	OF DEATH	MONTH	OAY YEAR	26. HOUR A
Frederi	ck W:	illiam .	MA	SSER	June	20,	1987		6;12 M
3. SEX	4. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Wh:	ite	NOA	. To, 1905		81	YRS.	MONTHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIEI		9. BALTIM		_	OF DEATH County	
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF		G HOME CORESS) Hill	OR OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION FOR MOST CO	ON OF WORKING LIF	126. KIND C	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COI	or other institution. UNITY ederick	GIVE RESIDENCE BEFORE  134. CITY OR TOWN  Frederic	4	13d. INSIDE CITY LIMITS?	13e.STREET 7415	ADDRESS DOWN	ZIP CODE	Run,	21701
14 FATHER'S NAME FIRST William	MIDOLE A	Masse:	r	15. MOTHER'S MAIDEN NA	ME	Mioote May		Puth	ian
(YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?  BIVE WAR OR DATES)  None	214-10-3		17. INFORMANT Robert D. Ma	sser,	ADDRE	55 5033 Fred	Shooks	town Ros
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE		line for (o), (b), byd	lie\!		L			BETWEEN	MATE INTERVAL ONSET AND DEATH

PART I. DEATH WAS CAUSE	y one cause per line for (o), (b), hild (c)   BY:   CAUSE (a)	BETWEEN ONSET AND DEA
Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	2

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES NO	YES NO
21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	URRED (ENTER NATURE OF INJUR	YY IN ITEM 18 PART I ORPART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21. LOCATION STREET	Diroxy	ATN COUNTY STATE

sow the deceased alive on obave, (1) (we) (did not) view the bady after death , and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stafed

226. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

Dr. Timothy F. Hickey MD Parkview Medical Center, Frederick, Md.

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY June 23,1987 Rocky Springs Cemetery Frederick (SPECIFY)

74 FUNERAL DIRECT Smith, Keeney & Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

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Frederick, Md.

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and the second	N25 1987 July 1	UL Incia.	principal.	, , ,	10. 1. 04

	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, retained by the hospital or attending physician.
	offer
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	a succession of the succession
ND 2	24 h
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, MA	ped
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Is retained by the hospital or ottending physicion.
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	To

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5 19115		Film #G628, Item #1 FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 7 1 7	420
noy be pooge 3	(TYP	7000	THE THE	Mulcahey	TO DATE OF DEATH, MOSTING CO	- In HOURY 7 MM
ge 4 m ectar. p	3. SE	Male	4. RACE White	July 11, DAY 1922 YEAR	64 YES	HINDER TYEAR # UNDER TARE.
neral dir n 72 hou	7a: B	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C Frederick C	
by the fullified with	I) C	Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Frederick Memo	G HOME OR OTHER INSTITUTION LODRESS) Drial Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesman	126. KIND OF BUSINESS OR INDUSTRY Wholesale
filled in rould be t	13e.	STATE 136. COUP	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN derick Frederic	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 1302 Hillcrest	Groceries
ompletely and 2 sh	114 F/	THER'S NAME FIRST John E	dward Mulcahe	15. MOTHER'S MAIDEN NAMED IN SUST	ME	LAST Day
n and co	16a. \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, SI YES	RMED FORCES? 166. SOCIAL SECUI VE WAR OR DAIES) 219-05-4		ulcahey, Frederic	Laws at Dudge
equires that the death certificate in signed by the attending physic. Then please remave carban pape to buriot, chemoticate or remavel injury, at other troumotic event, the	NOI	PART I. DEATH WAS CAUSE IMMEDIA:  Canditions, if any, which gove rise to immediate cause  a , stoting the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ocartal fr	fortzon'	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
the law rion.  that has been it permit. iene prions any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
rSICIAN: TI ing physicia certificate unial-transit Aental Hygia	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)	ATH HOUR A.M. MONTH DA	Y YEAR 19 216. HOW INJURY OCCURE	RED (ENTERNATION PRIMARINITEM 18 PAR	TI OR PART 2]
DING PHY or ottendii After this se os the bu oith and M marked ar	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
OR ATTEN The hospital DIRECTOR: Sched for us Dept of He f Hem 21 is		saw the conductive of above, () will did did co	ital) ottended the deceosed from	DECREE ATTENDING PHYSICIAN	, to	
TO HOSPITAL retained by th TO FUNERAL should be deta with the State		22d PHYSICIAIVS NAME (TYPE C	J. Ulson	22e. ADDRESS 75	TANE/	Avel.
BP		BURIAL, CREMATION, REMOVAL	June 10, 1987 F	AME OF CEMETERY OR CREMATORY Laughs Church Cemet	tery Ladiesburg, I	rederick, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	Smith, Keeney	and Basford Fune	eral Home 250 DAT	E DEC'D BY DECISTDADISC DECISTD	ARS SIGNATURE Devideon . Randally

#### REGISTRAR 1. DECEASED NAME 20. DATE KNOWN LITTE OR PRINT OF ESTI-DEATH MATED E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. B WITHIN 72 HOURS W PRESION STREET. PAUL E. Mushalko 6-12-879 4. RACE 3 SEX 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY Male White DEAD 1962 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) Pennsylvania U.S.A WIDOWED DIVORCED Frederick County PAGE 5 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS Frederick Memorial Hospital EOR MOST OF WORKING LIFE) Frederick Computer Accountant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1186 COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 1094 Travis Lane Marvland Montgomery Gaithersburg 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGE 1, FIRST Edwin Mushalko Arlene 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS NOISIAM 197-58-9107 Edwin Mushalko 2205 Pleasant Dr. 15131 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). EXAMINER ALONG V EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALIONG TO FUNERAL DIRECTOR: PROJUD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTWORE, MANNAMA, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH driver of an auto which ran into rear of a trailer 71s PLACE OF INJURY 21d INJURY OCCURRED WHILE AT WORK hawy. Frederick Co. Md. hs described above, held or and in my opinion death resulted from TITLE (SPECIFY) Chief **ACTUAL** SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn Street EXAMINER'S NAM (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL

June-17-87

G. Douglas Stauffer Frederick Maryland

24. FUNERAL DIRECTOR

- STATE

07/84

**DHMH - 17** 

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Holy Family Cemetery

YEAR DING HOUR

ComputerData

McK.PA

BETWEEN ONSET AND DEATH

D.C.

Wash.

Strawniak

20 AUTOPSY? YES 🔀

DATE 6-14-87

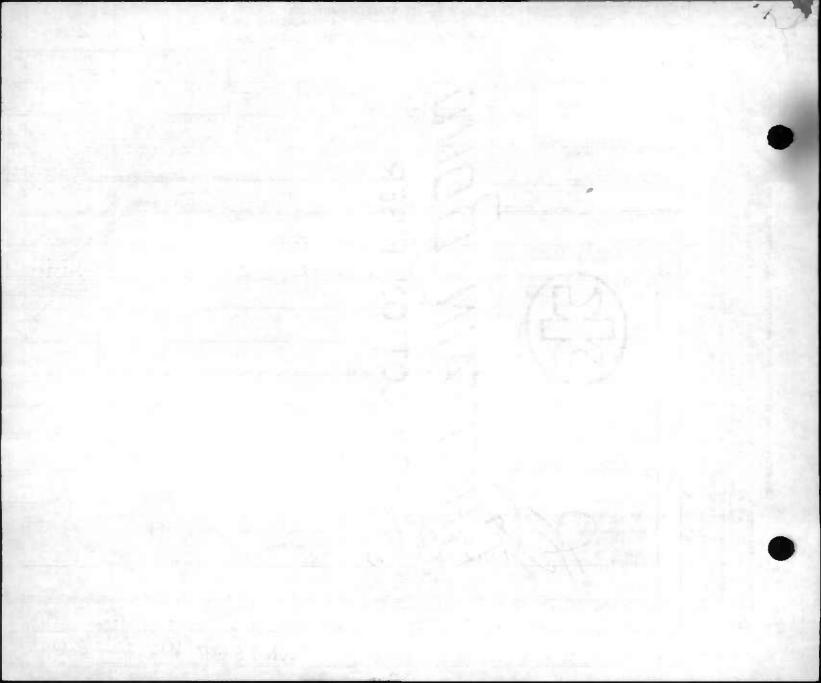
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Rulia Davidson Randall

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-Clyde Niday, Jr. Morris 6 24 1987 4. RACE 5. DATE OF BIRTH 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 5:39A Jan 14, 1948 39 YRS DEAD Male White 24 1987 O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED U. S. A. West Virginia Frederick County, DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Emmittsburg 330 N. Seton Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 330 N. Seton Ave. Frederick Emmitsburg 13d. INSIDE CITY LIMITS? Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Morris Clyde Niday, Edith Cole 16b. SOCIAL SECURITY NO 17 INFORMANT Wanda F. Niday, 330 N. MD 21727 Seton Ave. (YES, NO, OR UNKNOWN) 233-78-0299 Vietnam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: EXECUTE TH. CETTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1) PAGE 4 STHOUD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL INSTITUTE, PROPERTY PROMISE AS A BURIAL. TRANSIT PERMIT AFER DEATH TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTIMORE, MAR. AND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Seizure disorder DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Head injuries gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY 19 77 Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Favettesville road W.VA. 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Accident X death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) DATE 5/25/87 Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St. William M. Zane, M.D. Balto.MD. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 27 June 87 Burial Rocky Hill Woodsboro, Frederick, 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Skiles Funeral Home, Emmitsburg. (VR A15 ME (5))

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106 East Church St., Frederick, Md. 21701

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1987

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STATE OF MARYLAND

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1		P. GREGO					12/11/20	St., Suite	7, Fre	derick,	MD
4 1	22- 0	HIDIAL CREMATION	DEALOVAL	TOOL DATE	1 22.	NAME OF	EMETERY OR CREM A TORY	224 LOCATION			

DHMH - 16 60M 7/84

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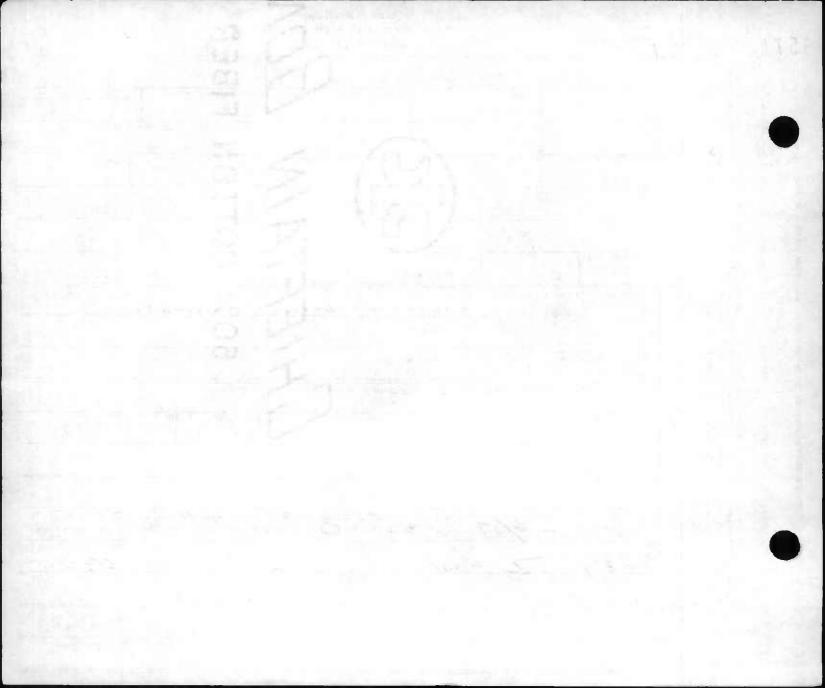
(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
CREMATION 6/22/87 Resthaven Mem.Gardens 73d. LOCATION CITY OR TOWN

Resthaven Mem.Gardens Frederick

MD Frederick

G. DOUGLAS STAUFFER 24. FUNERAL DIRECTOR 1621 Opossumtown Pike, Frederick, MD 21701



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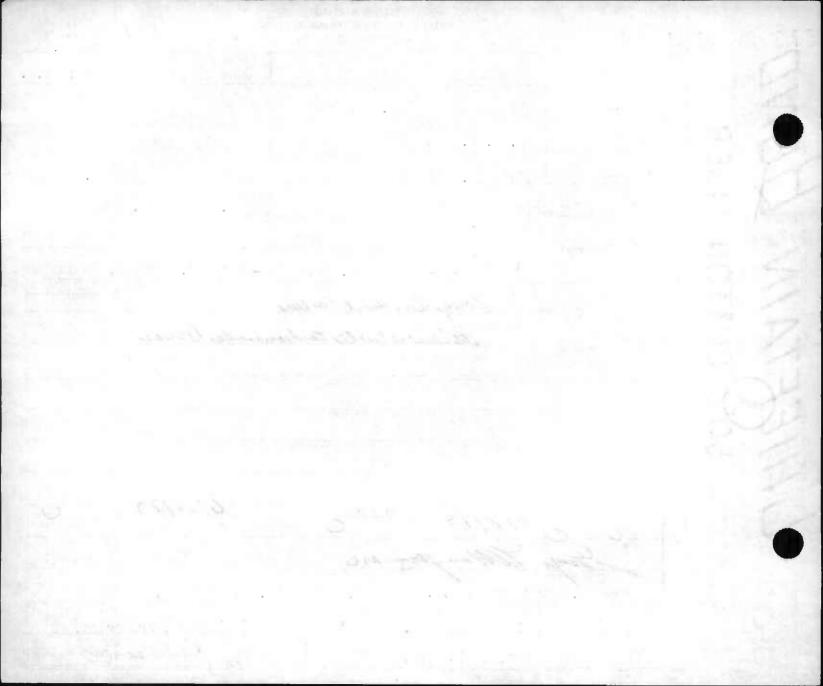
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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 7	1 7	4 2	1
1	1. DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH		YEAR 2b HC	DUR
	(1YPE OR PRINT) Sister	Teresa	SC	CHWANK	June 11	, 1987	9:5	0a.m.
	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND		ER 24 HRS
-	Female	White	Aug.	16, 1893 YEAR	93	YRS	DAYS	MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
	Austria	U. S. A.	WIDOWE	D DIVORCED	Frederick	County		MD.
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		L KIND OF BUSI DUSTRY	NESSOR
4	Emmitsburg	Villa St. Mich			Nurse	D	gtrs.of	Charit
5	13d. STATE 18 Maryland Fred	erick   Emmits	'N	13d. INSIDE CITY LIMITS? YES X NO	333 S. Set	zip code on Ave.	21727	
1	14. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			1457	
1	Charles	Schwank		Irma	MIDDLE	1	Ma loya	
	160. WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-54-29		Sr. Josephir	ne-Villa St	עויו ע	1727 1, Emmi	sburg
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	226 I certify that (I) (this hosp saw the deceased alive or above 12 wes (slid) in a	view the body after death.	19	nd that in (our) apinion o	eath occurred on the de	ote and hour and	from the couses	we lost stoted
	27h SIGNATURE	Mong	2	And the second s	MEDICAL STAI	FF	11 June	
		orningstar, M.D.		S. Seton Ave	e. Emmitsb	urg, MD	21727	
	23a. BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	3,		
	Burial	13 June 87 S	t. Jo	seph's	Emmitsbu	ra. Fred	erick t	STATE MD
	24 FUNERAL DIRECTOR			25a. DATE	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	Skiles Funeral	Home, Emmitsbur	a. MD	21727   IIN 1	5 1007 SW	a Davidson	- GOMOLEZ	2 - 11



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within 24		THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	
	Ja	ames H	_	Margaret	Crumley
	16e V	AS DECEASED EVER IN U.S. ARA		JRITY NO. 17 INFORMANT	ADDRESS
e ca E	No		217-14	-7919 Viola M.	Sexton Item 13
- 00			y one cause per line far (o), (b), an O BY: E CAUSE (a)	dice Dysolytha	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificate in signed by the attending physics. Then please remove corbon paper to burial, crematian, or removal injury, or other troumatic event, the		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE OF WORLD Sente Se	your Orsease
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ral OR A y the hos Ral DIREC detoched ote Dept. VT: If them		27 SIGNATURE	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN   6-24-87
TO HOSPITAL Cretained by the TO FUNERAL E should be detor with the State E IMPORTANT: If		Ronald E. M	iller		Drive, Mt. Airy, Maryland
BP	23e B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY IRELAND Mem. Pk.	Rockville, Montg., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR L. Molesw	orth, P.A., Dan	ascus.Md.	JERECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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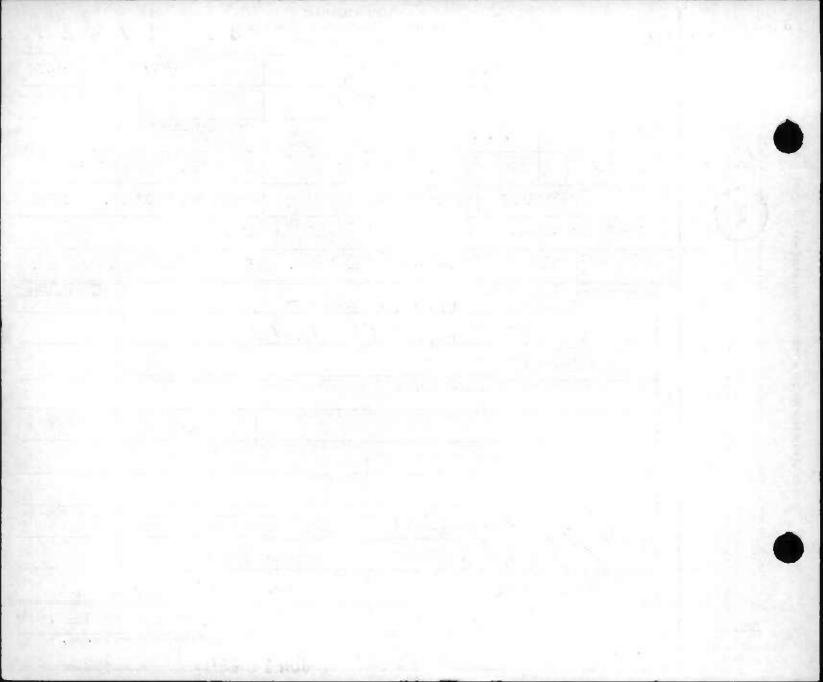
300 00	a -	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 / I	7 4 2 9
noy be poge 3		CEASED NAME CARRIE	VIOLA	SMITH,	20. DATE OF DEATH MONTH 06/07/8	7 YEAR 26 HOUR 6:14PM
ctar. pog	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MOT7/22/19 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 67YRS_	IF UNDER 1 YEAR IF UNDER 24 HRS
25 22 ho	7a. BI	RTHPLACE I STATE OR FOREIGN MAIRY LAND	76. CITIZEN OF WHAT COUNT U.S.A.	TRY? 8.  MARRIEDN NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY FREDERICK	OF DEATH MD.
74	, F	TY OR TOWN OF DEATH REDERICK	FREDERECKY, ME	IRSING HOME OR OTHER INSTITUTION MOR型A型 HOSPITAL	120. USUAL OCCUPATION 1400SEWITE OF WORKING LIF	12b. KIND OF BUSINESS OR INDWN RYHOME
1335		AL RESIDENCE (IF MURSING HOME OR TATE 134	OTHER INSTITUTION, GIVE RESIDENCE IN THE PROPERTY OF THE PROPE	BEFORE ADMISSION)  13NOSIDE CITY LIMITS?  YES \( \text{NO} \)	138822 AMAREE AMEDIE	RD. 21791
1/80	14 FA	HARVEY LEE HOP	RFON LAST	IS MOTHER'S MAIDEN NA FANNIE FO	OGLE MIDDLE	LAST
Pages L	16a. V	YAS DECEASED EVER IN U.S. AR O NO OR UNKNOWN) (IF YN O)	MED FORCES? 166 SOCIALS  MEAR OR DATES) 219—1	4-9604 ALBERT R. S	MITH 8856 M	APLEVILLE RD.
physicia mpopers moval, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	- Vioc arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f by the attending sase remove carbo al, cremation, or re righter traumaticie		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONS  (b) M  DUE TO, OR AS A CONSI  (c)	ocervial interet	on	
or to burn	NOIL			TO DEATH BUT NOT RELATED TO THE TERM		
te has te sit permit giene prin	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
ottending physicion.  Ier this certificate has she buriot-transit pe n and Mental Hygiene red or Item 18 shaws		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
frer this of the bull	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)  21f LOCATION  STREET	CITY OR TOWN	COUNTY STATE
LORECTOR. After this certification to the properties of the proper		22a.1 certify that (1) (this hospi saw the deceased alive an abave, (1) we) (did) (did no 22b. SIGNATURE		DEGREE	death accurred an the date and hau	19, that (1)(we) lost r and fram the causes stated 22c. DATE SIGNED
retoined by the TO FUNERAL E should be detoined the State E IMPORTANT: If		274 PHYSICIAN'S NAME (TYPE O	271	22e ADDRESS	min KV., Wood	46000 md
BP	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 06/10/87	234. NAME OF CEMETERY OR CREMATORY CHAPEL CEMETERY	23d LOCATION CNR. LIBERTY	TOWN FRED STATE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

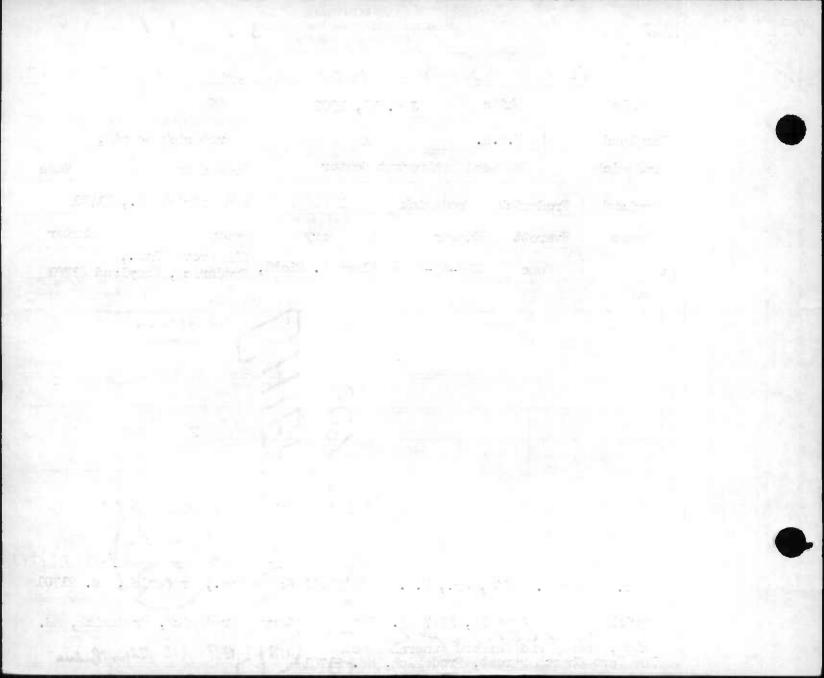
24 FUNERAL DIRECTOR
DOWN DOWN HARTZLER

LIBERTYTOWN, MD

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



47 Jun		FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		4 3 0
page 3		CEASED NAME FIRST E OR PRINT)  CL S 1 9		C	Mitt	JUNE	MONTH DAY	1987 5:00
ors after o	3. SE	x Female	4. RACE White	5 DATE	18, 1902 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR IF UNDER 24 HR
72 house	1	laryland	76. CITIZEN OF WHAT COUNTRY $U_{ullet}S_{ullet}A_{ullet}$	MARRIE		9. BALTIMORE CITY OF Freder	ick Cou	
by the fur	1	Frederick	11. NAME OF HOSPITAL, NURS	rement		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKE	F WORKING LIFE)	12b. KIND OF BUSINESS C INDUSTRY Home
filled in	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Fred	other institution, give residence before the control of the contro	WN	134 INSIDE CITY LIMITS?	West Patr	zie cope ick St.	, 21701
completely s 1 and 2 sho	14. F		rett Edwards		15. MOTHER'S MAIDEN NAM	Henry		'Carter
Pages 1		WAS DECEASED EVER IN U.S. ARY YES, NO OR UNKNOWN) (IF YES, GLYI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 219-05-		17. INFORMANT Glenn E. Bieh	211 GPOV		7land 21701
righed by the ottending then please remove corbs to busid, ceredien, as re njury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF	e diffus			IN PART Ita
to permit.	CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHIC	H OPERATIC		20a AUTOPSY?  YES NO X	IN CERTIFYIN	
A ALENDRING PRYSICIAN Position of otherding physician RECTOR, After this certificons hed fer via on the burioditions pp. of Health and Memol tryg ten 21 is modeled of thim 28 is	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this borph saw the deceased alive an abave, (LP(we) (did) (did not 22b. SIGNATURE)	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET  211 HOW INJURY OCCURR 211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  219 LOCATION STREET  219 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET STREET  218 LOCATION STREET ST	CITY OR TO	. 19	COUNTY STATE
TO HOSPITAL Or reformed by the TO FUNERAL DI thould be detach with the State De IMPORTANT: # #	1220	27d PHYSICIAN'S NAME (TYPE) Dr. George I BURIAL CREMATION, REMOVAL	. Smith, Jr., M		22. ADDRESS 804 TOLL HOU	MEDICAL STALL STAL		June 9, 19 k, Md. 21701
BP HMH - 16 50M 4/83 (VRA 15, 4)		Dirial	June 10, 1987	Mt.	Olivet Cemeter	y Frederi E REC'D. BY REGISTRAR	25b. REGISTRA	ederick, Md.



TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol.

XX Uni	FOR STATE REGISTRAR	DEPARTM
-		

## STATE OF MARYLAND CENT OF HEALTH AND MENTAL HYGIENE

	7			/	don	6"	
		REG.	NO.				
DΑ	TE OF	DEATH	MONTH	D	AV	VEAD	

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
[ TYP]	MARTHA	Jefferson	STEDMAN	JUNE 29,	1987 1:05 M
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
100	Female	White	Dec. 10°, 1910°	76	MONTHS DATS HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
-	West Virginia	U.S.A.	WIDOWED DIVORCED	Frederick C	ofinty, ME
10 C	Frederick	11. NAME OF HOSPITAL, NURSIN HENOT IN SUCH EACHTY, GIVE STREET FREGERICK LEMO	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE SOLD TO BY) TO F WORKING LE	126. KIND OF BUSINESS OR INDUSTRY
HSH		OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Biologist	Private res
13a. :	Maryland Fr		CK 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 13 Kline Blvd.	, 21701
14. F	ather's Name John C	R. Taylor	15 MOTHER'S MAIDEN NO	MIDDLE	Leigh
	WAS DECEASED EVER IN U.S. AR			ADDRESS TOW	nos Stroot
	YES, NOOR UNKNOWN) (IF YES, GI	None 579-48-9	567 Villiam Leigh	Taylor, Danville	e. Va. 2/15/17
	18. CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0) TOCK			
		DUE TO, OR AS A CONSEQUE	ENCE OF	4	
	Conditions, if any, which	( 16) acute	MYOCARDIAL 1	NFARCTION	
	gove rise to immediate	(b) acott	1 ( 10 (2) (10 ()) (10 ())		
	couse (o), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF	- `	
	underlying couse lost	ARTER	10 SCLERATIC CA	RDIO -VASC. DS	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINIAL DISEASE OR CONDITION OR	(CALINEDADT 1.
Z	TAME OF THE COLONIA CO	CONDITIONS CONTINUOTING TO	DEATH BOTHOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	PEN IN PART TIO
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
Ę				- 60	FYING CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21). LOCATION		
ME		(AT HOME STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
	AT WORK		543	144	
		tal) attended the deceased from	19 69	to OONE	19, that (1) [we) los
100	sow the deceased alive on above, (It (we) (did) (did)	1) view the body after death.	ond that in (my) (aur) opinion	death accurred on the date and hou	er and from the causes stated
	226. SIGNATURE	1 0 4		22c. DATE SIGNED	
	(Jane	1 ( 17)	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	June 29, 19
	224 PHYSICIAN'S NAME TYPE O	PR PRINT)	22e ADDRESS	S S ACCTOR   THIS CIAN	
	Dr. George I.	Smith, Jr., M.D		use Ave., Freder	als 164 01701
					tek, Ma. ZI/OI
23 a E	BURIAL, CREMATION, REMOVAL	Tel t	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		1 199 1 9 TOOM C	and dela militaria and Control of the control of th		COULT! STATE
- 11	(SPECIFC Temation	July 1, 1987, Si	mithsburg Cremator	y   Smithsburg, Wa	ashington. Md.
74. E	INIEDAL MACANAMIA	C / mil	125- 04	y Smithsburg, Wa	ashington, Md.
74 F2	WELL TRANSPORT	nd Basford Funer a Street, Freder	25a. DA		rar's spanaure

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital ar attending physician.

Part Care And the state of t The Property Contraded to the Contraded the Contraded to violen D. H. Carbon Water The first of the second A PROPERTY OF A RESIDENCE OF A PROPERTY OF A

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

erol director, page 3 y72 hours ofter death

FOR STATE REGISTRAR

injury, or other troumatic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARTLAND	
CERTIFICATE OF DEATH	7

and . 3

0-	REGISTRAR				CERTII	ICATE OF DEATH		REG. NO			-
	EASED NAME	FIRST		MIDDLE	l.	LAST	20. DATE OF DE	ATH A	HIMON	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	GLENNA		RENE		CUP	June		, 198		12:45a
3. SE)			4. RACE		5. DATE C		6. AGE (IN YEARS	S LAST BIRTH	IDAY}	MONTHS DAYS	
Female		Cauca	Caucasian		1.22.1919 YEAR	68		YRS.	MONTHS	HOURS MIN.	
			76 CITIZEN OF WHAT COUNTRY? 8.		8.	D X NEVER MARRIED	9 BALTIMORE	CITY OF	COUNT	Y OF DEATH	
	ryTand		U.S.A		WIDOWE	D DIVORCED	Freder				ME
	ry or town o ederick	FDEATH				ROTHER INSTITUTION Hospital	17a USUAL OCC (TYPE OF WORK FO Homema			126. KIND INDUSTRY	of business or None
130. S Ma	ryland	136 COU		13t. CITY OR TOW Freder:	VN _	13d. INSIDE CITY LIMITS?	130.STREET ADE 8401 S	Ston	zip cor e <b>hou</b> :	se Road	/21701
	THER'S NAME FIRST arles	I	MIDDLE	Hein	, Sr.	15. MOTHER'S MAIDEN NAV		AIDDLE		Castle	AST
		EVER IN U.S. AF		166. SOCIAL SECI	URITY NO.	17 INFORMANT		APDRES	SC+	nehouse	Pond
No	ES, NO OR UNKNOW	(IF YES, GI	VE WAR OR DATES)	220-28	-8967	Claude Wilbu	r Stup	Fred	eric	k, Mary	land 217
	18 CAUSE OF I	DEATH (Enter or	nly one couse per	line for to (b), or	nd kill	bel be	20/10	1		BETWEE	NIMATE INTERVAL
			TE CAUSE (o)	(5)	Cell	was rum	over	7		a	145
NOI		SIGNIFICANT	(c)	R AS A CONSEQU		NOT RELATED TO THE TERM	inal disease o	ir cond	ITION G	IVEN IN PART	l(o
CERTIFICATION	190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPS	ιο <b>[</b> []	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	
		AS UNDERLYING COLORS OF DE	AIR	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY	IN ITEM 18	PART I OR PART 2)	
MEDICAL	WHILE AT WORK	CURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	c	ITY OR TOW	12	COUNTY	STATE
			ital) attended th	e deceased from19		nd that in (my) (our) apinion (		n the dat	te and ha		., that (I) (we) lost se couses stated
	226. SIGNATURE DE GREE									22c DAT	E SIGNED
	M.D. ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN							6-12	2-1987		
	/	Gilso				1475 Taney	Ave. Fre	deri	.ck,	Md. 21	701
		ION, REMOVAL	Manager Company of the Company		NAME OF C	CEMETERY OR CREMATORY	23d. LOCATIO			COUNTY	- 54414
	rial	-5	6-15-1			vet Cemetery				rederi	
24 F)	TOWN ORSE	TV S. SON	ley T	1201 N. Erederic		t Street	2 1987	ISTRAR 2	Shi REGIS	STRARSSIGN	TÜRE

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		Care of Black	1) 422.2.
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DIRECTOR: hospital

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# STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME FIRST 2a. DATE OF DEATH MONTH . DAY 2h HOUR (TYPE OR PRINT) SARA ALICE TOMS 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) FUNDER LYFAR MONTH YEAR DAYS 03 FEMALE WHITE 31 1907 80 70. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD **IISA** WIDOWED FREDERICK 12b. KIND OF BUSINESS OR II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FREDERICK MERIDIAN NURSING HOME PRESSER LAUNDRY JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? FREDERICK MD FREDERICK 424 W. Patrick St. YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE RICHARD MURPHY MARY ELLEN ROBERTS ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 219-20-2062 Edith 5th St., Frederick, MD CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED

CERTIFYING CAUSES OF DEATH? NOT YES [ NO Z 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY

22a I certify thay (1) (this haspital) attended the deceased from , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on\_

above, (1) (we) (did) (did not) view the bady after death ATTENDING STAFF PHYSICIAN

22e ADDRESS

1621 Opossumtown Pike, Frederick, MD 21701

23d LOCATION

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY BURIAL 6/6/87 FREDERICK MEM. PARK

CITY OR TOWN COUNTY FREDERICK

FREDERICK MD

STATE

STATE

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER

NOT WHILE

AT WORK

Sh. REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR

DIRECTOR PHYSICIAN

DHMH-16 50M 7/77 (VR A 15 (4))

DITERRAL TO THE THE STATE OF TH Marine Marine Comment of the Comment

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	7	1	7	* 9	2	
2	REG. NO.			2	1	
1	REG. NO.	_				

	51	REGISTRAR			CERTIFICATE OF DEATH 8 REG. NO.							
		CEASED NAME OR PRINT)	Ru+1		SHER	1	AST	2a. DATE OF DEATH	,	DAY YEAR	2b HOUR	_
1	3. SE	Y	7,011	4. RACE	ISHER	5. DATE C	A LENTINE	6. AGE (IN YEARS LAS	6 T BIRTHD AVI	IF UNDER LYEA	R IF UNDER 24	M
	J. JE.	Female		W'	hite	MONTE		66	YRS	MONTHS DAY		MIN.
		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CIT				-
4		ARYLAND		U.S.A		WIDOWE	D NEVER MARRIED DIVORCED D	FREDERIC	r com	אידיע		MD
4		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACHLITY, GIVE STREET ICK MEMOR	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC HOMEMAK)	ATION OST OF WORKING	12b. KIND GLIFE) INDUSTR	OF BUSINESS ONE	_
100	13a. S	AL RESIDENCE (IF NURS STATE RYLAND	13b. COUN		GIVE RESIDENCE BEFORE  134. CITY OR TOW  MT. PLE	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRES		DDE ./21701		
	14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	F			
-		RUSSELL		C.	FTSHE	R	SYLVIA	MIDDE	i.		WFORD	
1	16a V	VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT	AD	DRESS 77		IG RD.	
		YES, NO OR UNKNOWN)		ONE	220-18-0	300	RAY E. VALENT	INE E		CK, MD.		
	CERTIFICATION	Conditions, if any, gove rise to improve couse (o), stotin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAL	nediate g the lost.	DUE TO, OF	AS A CONSEQUE	ATOR SINCE OF DEATH BUT	Y FAILURE  JOSE / ZMO  NOT RELATED TO THE TERM  N WAS PERFORMED		ONDITION C		INGS USED	?
	RTI							YES   NO		YES 🗌	NO 🗌	
1	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING ( {IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A./	m. Month da m.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM 1:	8 PART I OR PART 2		
	MED	21d INJURY OCCURE  WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STAT	TE
		22a. I certify that (I) sow the decease obove (I) (we) (C 22b. SIGNATURE)	ed olive on,	) view the body	11 19	87, or	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN (S	death occurred on the	TAFF	22c. DAT	that (I) (we see couses state TE SIGNED	
		22d. PHYSICIAN'S NA	,		, m. o.		22e ADDRESS	Horan D.		id, Ad.	2170.	
		BURIAL, CREMATION, SPECIFY) BURTA		23b. DATE 6/13/8			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

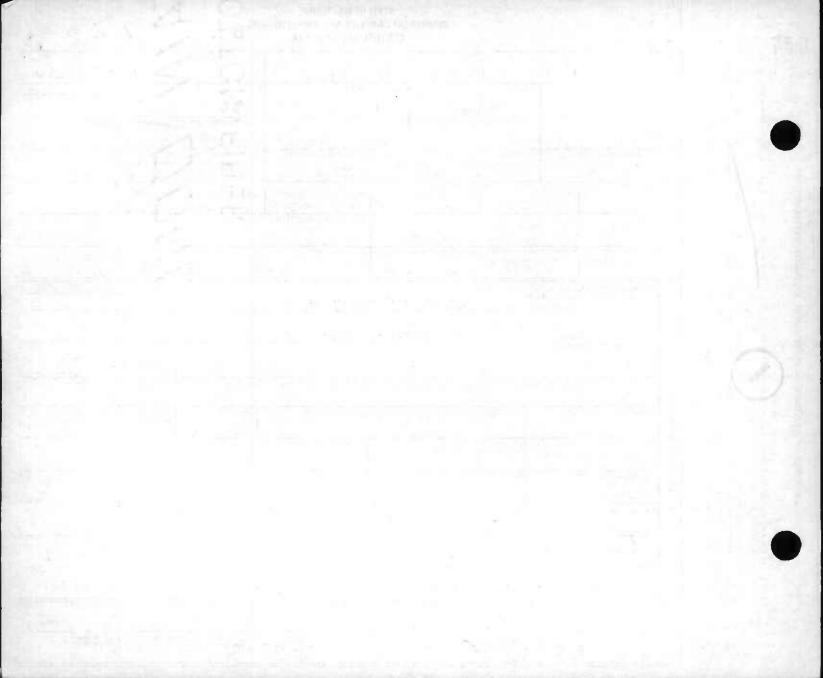
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical

24. FUNERAL DIRECTOR

1350. DATE REC'D, BY REGISTRAR 256 REGISTRAR SIGNATURE

DAILEY & SON, P. A

ADDRESS 615 ROBERT THURMONT, MD



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND M

110					
ENTAL HYGIENE	7	1	7	44	3
EATH	DEG NO				

	1 -	FOR STATE REGISTRAR		DEPART	CERTII	HEALTH AND MENTAL HYG	REG. N	10	7 4	3 5
JA 26	DEC	EASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2b HOUR
1		MANUS		M.		IN BERG	JUNE	-	1987	9:10 P
0	SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST 8		ONTHS DAYS	IF UNDER 24 HRS
		Male	Whi	te	July	12, 1907	7	9 YRS "	UNINS DATS	HOURS MIN.
3 70	C	ATHPLACE (STATE OR FOREIGN OUNTRY)  irginia	76 CITIZEN OF	• A •	8. MARRIE WIDOW	DED DIVORCED	9 BALTIMORE CITY	_		M
0 10		rederick	(IF NOT IN SE	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET Magnolia	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Lawyer			F BUSINESS OF
13	3a. S	RESIDENCE (IF NURSING HOME TATE 136 CO <b>ryland Fre</b>	or other institution JNTY <b>lerick</b>	13c. CITY OR TOW Freder:	N	13d INSIDE CITY LIMITS? YES X NO	300 Magno	ZIP CODE	enue/ 2	21701
1	. FA	THER'S NAME ISAAC	WIDD(E	Weinber	rg	Rebecca		-	Sach	
1 16	(Y	AS DECEASED EVER IN U.S. (16 YES YES	RMED FORCES?	166 SOCIAL SECU		Mrs. Sylvia	300 S. Weinber	Magno	lia Ave	nue Md.217
		18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	anly ane cause pe SED BY:	CARCINI	d (C)	OF THE L			BETWEEN	MATE INTERVAL ONSET AND DEATH
	NO		( (c)_	1	1	NOT RELATED TO THE TERM	_		N IN PART 10	1
X	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH?
1	_	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	OF INJURY A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18 PA	RT I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	C1TY OR TI	OWN	COUNTY	STATE
		220.1 certify that (1) (this he saw the deceased alive abave, (1) (worldid) (did			0.0	nd that in (my) (out) apinion of	ta, tadeath accurred on the c			that (1) (ye) lass causes stated
_		226. PHYSICIAN'S NAME VYP	1.5-	in )	e 14	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	AFF CIAN []	JUNS	
/		George I. Si	ith, Jr	_		804 Tollhou		rederi	ck, Md.	21701
	(5	URIAL, CREMATION, REMOVA PECIFY) <b>Burial</b>	Jun19	, 1987 M	ount	Olivet Cemeter			ederic	Ma.
/84	10	6 East Church	Keeney Street,	& Basford Frederic	l Funk, Md	eral Home 250 DAI JUN	24 1987	PEGISTR	AR S SIGNLAT	24

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

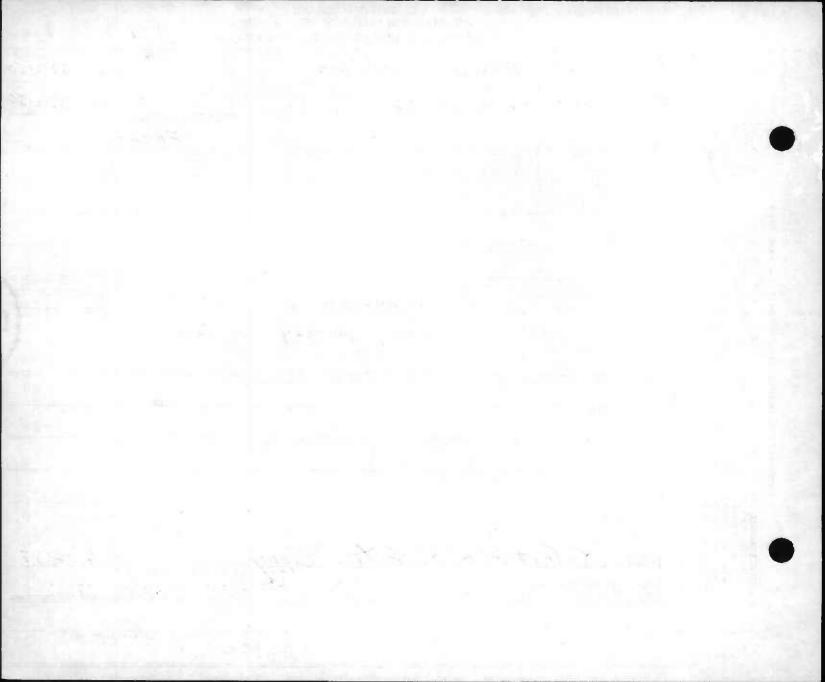
REG. NO.	7	Gang.	3	6
KNOWN IV	MONTH	DAY	YEAR	215

0.5.0	ac 1 .///	1-12	FOR, STATE			DEPARTMENT	OF HEAL		ENTAL HY	4.5	1	7	7	4
	1		REGISTRAR	FIRST	ME	DICAL EXA	MINER'S	CERTIFIC	CATE OF		REG. NO.	Eng.	3 (	0
			CEASED NAME PE OR PRINT)			MIDDLE		LAST		I OF	ESTI-	MONTH DA		26 HOUR
N	ASE OR. URS URS EET,			OSCA		E.		VILES			MATED _		7 19 87	M
4	RECTED TO SERVICE TO S	3. SE.		RACE White	5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF	NTHS DAYS	HOURS A	PRONOU	NCED	MONTH DA	AY YEAR	10:45
13	N YOU	0.	RTHPLACE (STA		June 20		6 YRS.			DEAI	AORE CITY OR	6 2		I A M
	NEGES S FOR WITH	Ma	ryland		U.S.	٩.	WIDO	RRIED   NE	DIVORCED	Fre	ederick	County	У	MD.
	PAGE BE FILED	M	Middletown		7702E	SPITAL, NURSING ACILITY, GIVE STREET AD MARKET RO	RESS)	THER INSTITU	ITION 1	FOR MOST OF WO	PATION (TYPE OF RKING LIFE) LOCKET	WORK 12b	OR INDUSTI	SINESS RY
21201	ANY D AND 3 RETAIN	13e S	ALRESIDENCE (1 STATE aryland	13b. COUN		13c. CITY OR TOWN Middletown					STREET ADDRESS 7702 E Marker Rd., 21		21769	
MD.	H. II. 2, 7, 2, 7, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. F	ATHER'S NAME		WIDDIE	LAST		F	ER'S MAIDEN	NAME	MIDDLE		LAST	
SE,	O AN PER	1	Lee		M.C.	Wiles		E	ffie		harine		Smith	
TON ST., BALTIMORE, MD. 21201  24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. LIONG WITH PORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. PERMIT PAGES 1, AND 2 SACULID BE FILED, WITHIN 72 HOURS GIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET, DIVISION OF WITH PRESTON STREET, DIVISION OF WITH PROPERTY OF THE PAGES 1.		160. \	WAS DECEASED YES, NO, OR UNKNOW YES	N) (IF YES, GIVE	MED FORCES? WAR OR DATES) -1945	16b. SOCIAL SE 217-18		Rt.		Shirle 93 B Kee	y ARDRESCA dysvill	mpane. e, Md	11i 2175	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	AL RECORDS, 201 W. PRESTON ST., B. CULD BE EXECUTED WITHIN 24 HOURS D. "PENDING". IN PENCIL IN ITEM 18. G SIEF MEDICAL EXAMINER ALONG WIT SIEF AS AS BURIAL - TRANSIT PERMIT. P. F HEALTH AND MENTAL HYGEIENE, DIV. IAL, CREMATION, OR REMOVAL.		gove rise cause (a) s lying cause		(b)	AS A CONSEQUE  AS A CONSEQUE  BUT NOT RELATED TO T	NCE OF	ASE OR CONDITION	N GIVEN IN PART 1	1 (0	V.		7	15 15 15
L REC	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	CERTIFICATION	190. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED?			20	AUTOPSY?	,
VITA	SHOULD ORD "PE CHIEF A E USED V	Ī	100										YES 🗶	NO 🗆
ONO	IFICATE WASTAND BASTAND	CALCER	210. EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS  TO CAUSE OF	DEATH XX	K 6-27-	YEAR 19 87 S	Self-in		(ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)		
DIVISI	WRITING WRITING ARDED AGE 3 SH ATE DEP	MEDICAL	WHILE AT WORK	COURRED NOT WHILE [ AT WORK	M .	OF INJURY (AT HI TORY, FARM, ETC.) OME		OCATION STREET 702E Ma	rker R	d.,Midd]	etown,F	reder:	ick,	STATE MD
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRITIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL,			that I took chare I form Natu	ennis F. S	megter .	3 My	TITLEIS	istant	Inquiry Undetermined m  MEDICAL EXAP  Penn St.,	onner ,	DATE SIGNED	6-28- 21201	<del>-</del> 87
	DA STAR	23a. B	BURIAL, CREMATI					OR CREMATO		23d. LOCATION		COUNTY		ATE
07/B4 25M	BP	24.5	Buraa		July 1,	1987 Mt.	Hope	Cemete:	ry	Woodsb	oro, Fr	ederio	ck. Md	
	DHMH - 17	106	NAME SAST C	burch S	Keeney o	rick Ma	21701	al Hom	JUI (	6 1987	AK IDD REGISTE	A-M	ATURE TO THE	

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CERTIFICATION

MEDICAL

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9	TA	TE	OF	M	ARYL	AND		
PARTMENT	OF	HE	ALT	H	AND	MENT	AL	H

5. DATE OF BIRTH

MONTH

DE YGIENE CERTIFICATE OF DEATH

WILLARD

Oct. 2. 1907

	REG. NO.	•			
	6/21/87	DAY	YEAR	2b. HG1	0
Т	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERTYEAR	IF UNDER	24 H
	79 YRS.	MONTHS	DAYS	HOURS	M

Temale	White -
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?
daryland	U.S.A.

Wash.

MIDDLE

4. RACE

Vera

MARRIED NEVER MARRIED WIDOWERXX DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH Frederick 12a USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE

Mae

Housewife

126 KIND OF BUSINESS OR

CITY OR TOWN OF DEATH Frederick

Md.

couse (o), stoting

190 DATE OF OPERATION

underlying couse

(IF NOT IN SUCH FACILITY. GIVE STREET ADDRESS)
Frederick Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
131. CITY OR TOWN

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

21783 13 STREET ADDRESS / ZIP CODE Valley Rd.

M. FATHER'S NAME Theophilus

Maryland

1 - STATE

TTYPE OR PRINTS

3. SEX

REGISTRAR 1. DECEASED NAME

> LAST Pryor

Reba

MEBA

Rosa 17. INFORMANT

YES [

ADDRESS

Kline

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY Home

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no

16b SOCIAL SECURITY NO 200-22-5927

Smithsburg

NOX

15. MOTHER'S MAIDEN NAME

Edgar J. Willard, Smithsburg, Md., 21783

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY	YEAR 19

NOT 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES T NO [

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

211 LOCATION STREET

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an bove, (I) (we) (and) (did not) view the body after death.

DEGREE

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN

20a AUTOPSY?

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria

226. SIGNATURE

<sup>23b. DATE</sup>
June23, 1987 Grossnickle? Churchory of the Brethren Cem.

23d LOCATION CITY OR TOWN Myersville

COUNTY STATE Md. Fred

24 FUNERAL DIRECTOR

Davis Home Smithsburg,

DHMH - 16 60M 7/84 (VRA 15, 4)

1 2 Rollabers alleges I faters Little ptenter . A relia, Francis - Italian . . . j 2 - 11 - Constille Sdenry J. Millurg, unitabsours, 2., Maril

nvi- sunstal oss, sistemas, et., 21783

The state of the s

requires that the death certificate be executed within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L				

	REGISTRAR				CERTIF	ICAIE OF DEATH	REG. N	0.		49.	
	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
(TYPE	OR PRINT)	Doro	thy '	rull .	W	YNKOOP	June	29, 19	987	10:15RM	
3. SE	X		4. RACE		5. DATE (		6. AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
Female			White		Mar		70	YRS.	NONTHS DAYS	HOURS MIN.	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY?		? B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
Mary land  10 CITY OR TOWN OF DEATH			USA 11. NAME OF HOSPITAL, NURSING		WIDOWI			Frederick County, MD.  120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR			
Frederick			(IF NOT IN SU	H FACILITY, GIVE STREET	T ADDRESS)	. Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)  Housewife				
USUAL RESIDENCE (IF NURSING HOME IN 130. STATE 13b. COL			or other institution, give residence before UNITY 13c. CITY OR TOV Frederi		WN 13d. INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE 9905 Liberty Rd. 21701				
14. FATHER'S NAME					15. MOTHER'S MAIDEN NA		AME	DET OV	104.	.1101	
	Irving		Phomas	Ballen		Nellie			Burdet		
160 WAS DECEASED EVER IN U.S. IYES, NO OR UNKNOWN) (IF YES,			ARMED FORCES? 16b. SOCIAL SEC SIVE WAR OR DATES) 216-40-6			Louis D. Wynkoop, Item			.3		
ATION	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						- 1		APPROX BETWEEN	ONSET AND DEATH	
	Conditions, if ony, gave rise to imr couse (o), statin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA	mediate ng the lost.	(c)ONDITIONS_C		DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES	, WERE FINDII	NGS USED	
TIFIC							YES T NOT	IN CERTIFY YES	YING CAUSES	S OF DEATH?	
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMINER)			FINJURY M. MONTH DAY YEAR M. 19			RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 I		ART 1 OR PART 2)	ORPART 2)	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  21e. PLACE (AT HOME, STA		OF INJURY REET, FACTORY, OFFICE, FARM ETC.)		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE		
	220 I certify that (I) (this hospital) attended the deceased from 1987, to 649, 1987, that (I) (we) lost sow the deceased alive an 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did not) view the body after death.  220. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF										
-	PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS								June	30, 198	
	Arthur G. Manalo, M.D.   11801 Fingerboard Rd., Monrovi								ria, Md	. 21770	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		
Burial			July 2,1987 Pa			rklawn	Rockvil	le. M	ontgom	ery Md.	
24. FU	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTE	RAR'S SIGNAT	TURE	
	Olin T. I	Moles	month P	A DORESS	conc	Md JUI	L 2 1987 A	ulea die	ordern-Ke	A-GUNDAN .	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and a should be detached for use as the buriol-transit permit. Then please remove cotban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, aremotion, ar removal. IMPORTANT: If Item 21 is marked at Item 28 shows any injury, or other troumatic event, the medical

the funeral director, page d with 172 hours after deat

a e policies and the rest of the second s AND THE PROPERTY OF STREET AND THE PROPERTY OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,